DELAWARE FORM 200-01-X

RESIDENT AMENDED PERSONAL INCOME TAX RETURN

		scal year beginning	and er						5 11 1	AT		OT 01150		
88		ur Social Security No.		Social Security N		.		Single, Div	FILI orced	NG SI	ATUS (MU Married	STUHEU & Filing Se		Head of
₹						* 1	•	Widow(er)	,	3.	Forms		sparate 5.	Household
ATTACH LABEL	٧.	era I and Manua									Married	& Filing Co	ombined Separal	te
AT		ur Last Name IDEN JR.		and Middle Initial	i, Jr., Sr., III	i., etc. 2	•	Joint		4. X	on this f	arm		
_				PH R.			If ve	ou were a c	art-ve	ar resi	dent in 201	7. give t	he dates you r	esided in
		ouse's Last Name L DEN	JILL	s First Name,	Jr., Sr., III	l., etc.		aware.	, 0.		2017		no datoo you .	2017
		esent Home Address (Num						From	Month	Day			Month Day	EUII
	FII	ESEIR HUITE AUUTESS (NUIT	inel and Sueer)	Apt.#			Form	DE2210 A		•		-	LY All other	filing statuse:
	Cit	N/	Sta	ite ZIP Ci	nda		FUIII	I DEZZ IU F	шаспе	ıu	Spouse In		n Y	ou OR
		LMINGTON		R	Jue						COLU	MN A		ius Spouse LUMN B
		MPLETE ALL SECTIONS O		_	AUST MAT	TCH ORIG	INAL					CORREC	TED AMOUNT	rs
•	l.	DELAWARE ADJUSTED GF	ROSS INCOME							1	778	837	10	192,553
		If you elect the DELAWARE								•			,	,
•		Filing Statuses 1, 3 & 5 Enter \$3		oncor nor .		•••••			III					
		Filing Status 2 Enter \$6500 in C Filing Status 4 Enter \$3250 in C												
		If you elect the DELAWARE		S check here			x				ĺ	DF2111	7011019	
		Filing Statuses 1, 2, 3 and					nn B.							
		Filing Status 4 enter itemize								2	585	701	340	703
3	3.	ADDITIONAL STANDARD	DEDUCTIONS							_				
		CHECK BOX(ES) (Not al		Deductions - S	ee Instru	ictions)								
		If SPOUSE was 65 or over	and/or Blind	If YOU wer	e 65 or ov	/er	and	or Blind		3				
4	l.	TOTAL DEDUCTIONS - Ad	d Lines 2 & 3 and enter	here						4	585	701	340	0,703
5	õ.	TAXABLE INCOME - Subt	act Line 4 from Line 1,	and Compute Ta	ax on this	Amount				5	193	136	9,853	1,850
6	3.	Tax Liability from Tax Rat	e Table/Schedule	1	1,73	0	64	19,20	6	6			•	•
7	.	Tax on Lump Sum Distrib						•		7				
8	3.	TOTAL TAX - Add Lines 6	and 7 and enter here	*****************					>	- 8	11,	730	649	9,206
ç	a.	Enter number of exemption	ns claimed on Federal r	eturn	2	X \$110.				9a		110		110
		On Line 9a, enter the num			lumn A	1 Col	umn E	3 1						
ç	b.	CHECK BOX(ES)	Spouse 60 or over (Colu					ımn B)						
ш		Enter number of boxes ch								9b		110		110
E W-2 FORMS HERE	10.	Tax imposed by State of	IL (Must atta	ch copy of othe						10	1,	, 347	8.5	5,124
\$ 1	11.	Vol. Firefighter Co. # - Spo		Self (Colu				edit amour		11				
E 1	2.	Other Non-Refundable Cre								12				
₹ 1	13.	Child Care Credit. (Must a								13				
	14.	Earned Income Tax Cred								14				
A 1	15.	Total Non-Refundable Cre								15		567		5,344
STA		BALANCE. Subtract Line		o is greater than			ero) .			16	10	,163	56.	3,862
				21	61		21	9,34		17				
		Estimated Tax Paid & Pay		31	15,00	U	3.	L5,00	U	18				
		S Corp Payments & Refur								19				
	20.	•	F				2.3	39,26	2	20				
		Amount paid (If any, see i		00 01 1	4	_				21	215	615	56	3,612
	2. 23.	TOTAL Refundable Credits								23	239		50.	3,012
	.o. 24.	Refund Received (if any, s Estimated tax carryover as										, 269		
		•	1									,083	561	3,612
HH 2	.J.	Subtract Lines 23 and 24 BALANCE DUE. If Line 16									10,	80	50.	250
王 4	7	OVERPAYMENT. If Line 2	,									50		250
STAPLE CHECK I	8.	AMOUNT OF LINE 27 TO 6									FNTFO	> 28		
о щ 2	9.	PENALTIES AND INTERES												
Ą.	0.	NET BALANCE DUE (Line												330
ر ا	11.	NET REFUND (subtract Lin												J
		REMIT FORM TO:	NET BALANCE DUE (LIN	E 30): P.O. BOX	508, WIL	MINGTON	I, DE	19899-050	8					
			NET REFUND (LINE 31):								7	42131 11	-01-17	
		******	ZERO DUE (LINE 31) : P.(J. DUA 07 11, W	ICMINOI	uw, DE 19	บฮฮาใ)						

FORM 200-01-X

Page 2

RESIDENT AMENDED PERSONAL INCOME TAX RETURN

NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUS	T FILE T	WO SEPARATE AMENDE	D FORMS		
IS AN AMENDED FEDERAL RETURN BEING FILED?	*********	**************************************	X YES		NO
IF NO, PLEASE EXPLAIN. IF THE CHANGES PERTAIN TO THE DE RETURN ONLY, LIST THE LINE NUMBERS B	EING AM	ENDED.			
	•				•
HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?			YES	x	NO
·	*********	******************	140	**	NO
IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?		***************************************	YES	X	NO.
		*			
A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCH	EDULES	AND/OR DOCUMENTATION	ON MUST BE	ATTAC	HED
SEE STATEMENT 1					
COS 118410s Calvern A la manuel de the course of the cours					
COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your F appropriate individual.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B on		tals to the			
appropriate antiques, receipts using statuses 1, 2, 3, or 3 are to complish continue but	ıy.				
·		Filing Status 4 ONLY	All other f	lling st	atuses
MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME		Spouse Information COLUMN A	You or You	TIMN I	Spouse B
SECTION A - ADDITIONS (+)					-
32. Enter Federal AGI amount. See Instructions	32	798,326	10,23	2,98:	3
•					
33. Interest on State & Local obligations other than Delaware					
34. Fiduciary adjustment, all deplation	34				
35. TOTAL - Add Lines 33 and 34					
36. Subtotal Add Lines 32 and 35 798,326 10,232,983	36				
SECTION B - SUBTRACTIONS (-)					
37. Interest received on U.S. Obligations	37	12 500	12.	FAC	
98. Pension/Retirement Exclusions (See Instructions.) 99. Delaware State tax refund, liductary adjustment, work opportunity tax credit,	38	12,500	12,	300	,
Delaware HOL Carry forward	39				
40. Taxable Soc Sec/RR Retirement Benefits/Higher Educ. Exci/Certain Lump Sum Dist.	40	6,989	27,	930	ı
41. SUBTOTAL Add Lines 37, 38, 39 and 40 and enter here		19,489	40,		
42. Subtotal Subtract Line 41 from Line 36 778, 837 10,192,553	42	•			
43. Exclusion for certain persons 60 and over or disabled	43				
44. TOTAL - Add Lines 4th and 43	44	19,489	40,	430	J
45. DELAWARE ADJUSTED GROSS INCOME. Subtract line 44 from Line 36. Enter here and on Page 1, Line 1	45	778,837	10,19	2,553)
BECTION C - ITEMIZED DEDUCTIONS (MUST ATTACH FEDERAL EGHEDULE A) If Columns A and B are used	and vou	ara unabla to anaciticali	u		
allocate deductions between spouses, you must prorate in accordance with income.		are annual to apartitions	,		
	40	046 160	505	E 1 0	,
Enter total itemized Deductions. (See Instructions) Enter Foreign Taxes Paid (See Instructions)	46	846,160	606,	210	l
18. Enter Charitable Mileage Deduction (See Instructions)	48				
19. SUBTOTAL Add Lines 46, 47, and 48 and enter here	49	846,160	606,	510	ı
50a. Enter State Income Tax included in Line 46 above (See Instructions)	50a	260,459	265,		
50b. Enter Form 700 Tax Gredit Adjustment (See Instructions)	50b	•			
51. TOTAL - Subtract Line 50a and 50b from Line 49. Enter here and on Page 1, Line 2 (See inst.)	51	585,701	340,	703	
Inder paralities of perjury declare that I have examined this return, including accompanying schedules and si	pterment	and believed is true, co	rrect and cor	nplete.	
YOUR AUGUST TELEPHONE NUMBER SPOSSE SIGNATU	100 or 51	naen			
WINTERNAL DIVIC	or to Lan	A sensiti	7.	7. /	9
SIGNATURE OF PREPARER PREPARER'S EIN OR SSN PR	EPARER'S	PHONE	<u> プ・プ</u>	TE /	/
		MD	2081		
STREET ADDRESS OF PREPARER CITY	,	STATE		70	

FILING STATUS (MUST CHECK ONE)

and ending For Fiscal year beginning Your Social Security No. Spouse's Social Security No. ****** ATTACH LABEL HERE Jr., Sr., III., etc. BIDEN JR. JOSEPH R. Spouse's First Name Spouse's Last Name Jr., Sr., III., etc. BIDEN JILL T. Apt. # Present Home Address (Number and Street) State ZIP Code City WILMINGTON DR

City		State	ZIP Code		FILIT	IG SIAI	no (Mino) Puer	•	
	MINGTON m DE2210 If you were a	DE part-year resident in 2017, giv	re the dates you resided in Delaware	1. £	Single, Divarced, Widow(er)	3.	Married & Filing Se Forms	eparate 5.	Head of Household
			•		Joint	4. X	Married & Filing C	ombined Separate o	n this form
Δ	ttached	2017	2017	2 .		4. 25			
		information Filing S	tatus 4 only. All other filin	a etatu	ses use Column	B	Column A	Colur	nn B
			Return on Page 2, Line 29, then enti	-			778,837	10,19	
						BID COXID 24804			.,
2a.	Filing Statuses 1, 3 & 5 er	AWARE STANDARD D ter \$3250 in Column B; Filing 1 4 enter \$3250 in Column A an	Status 2 enter \$6500						
			OUCTIONS check here X				DF20117011	11 11 12 13 14 15 16	
h				Line 40	in Cohumn D		D. 20 0		
D.	Filing Statuses 1, 2 Filing Status 4 ente	, 3 and 5, enter itemize r itemized deductions f	d deductions from Page 2, from Page 2. Line 48 in Col	umns A	and B	2	585,701	340,	703
3.	ADDITIONAL STANDA	RD DEDUCTIONS (from Page 2, Line 48 in Coll Not Allowed with Itemized Dec If you are filing a combined separate nn. All others enter total in Column I	luctions	- see instructions)		,	,	
	(Filing status 4), enter the	total for each appropriate colu	nn. All others enter total in Column	В.					
	Column A - if SPOUSE w	as: 65 or over Blind	Column B - if YOU were:	RS or over	Flind	3			
4.		NS- Add line 2 & 3 and				4	585,701	340,	703
5.			Line 1, and Compute Tax				193,136		
6.		ax Rate Table/Schedule	Column A		olumn B	•	•		
0.	See Instructions		11 730	6	49,206	6			
7.		Distribution (Form 329)	••••		•	7			
8.	DDA - XAT IATOT	lines 6 and 7 and ente	r here			8	11,730	649,	206
9a.	PERSONAL CRED	ITS If you are Filing Sta	atus 3, see instructions. riate column. All others enter total in 2 x\$110	Column F					
	Enter number of exemption	ns claimed on Federal return	2 ×\$110		·· ······	9a	110		110
				Column 8	_				
9b.	CHECK BOX(ES)	Spouse 60 or over (0	Column A) X Self 60 or	over (C	olumn B) X				
	Enter number of boxes ch		2 x\$110			9b	110		110
10.	Tax imposed by State of	IL (Must attac	ch copy of DE Schedule I and	other sta	te return.)	10	1,347	85,	124
11.	Vol. Firefighter Co.	# - Spouse (Column A)	Self (Column B)	Enter o	redit amount	11			
12.	Other Non-Refunda	ble Credits (see instruc	ctions)			12			
13.	Child Care Credit. I	Must attach Form 244	1. (Enter 50% of Federal o	redit)		13			
14.	Earned Income Ta	x Credit. See instruct	ions on Page 8 for ALL re	quired (documentation	14			
			9a, 9b, 10, 11, 12, 13 & 14		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,567		344
			If Line 15 is greater than Li	ne 8, en	• • • •	16	10,163	563,	862
		eld (Attach W2s/1099		_	9,349	17			
		aid & Payments with Exte		3	15,000	18			
		Refundable Business Cre				19			
		x Payments (Att. Form 54				20	215 615	204	240
			18, 19, and 20 and enter h				315,615		
			e 21, subtract 21 from 16 and				20E 4E2	239	213
		-	ine 16, subtract 16 from 21 and				305,452		
			If electing a contribution, con	_				65,939	
			2018 ESTIMATED TAX A					00,909	
20. 27	. NET BALANCE DU	E (For Filing Status 4. s	2 is greater than \$400, see esti ee instructions, page 9)		PAY IN				
26	For all other filing s	tatuses, enter Line 22 (ee instructions, page 9) blus Lines 24 and 26 tructions, page 9) ZE		PAT IN				
20.	For all other filing s	tatuses, subtract Lines	24, 25, and 26 from Line 2	3	JIU DE REPUN	NEN	20		
	_	1							

STAPLE W-2 FORMS HERE

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

MOD	DIFICATIONS TO F	EDERAL ADJUSTE	D GROSS INCOME					ng Status 4 Duse infor COLUMN	matlon	All other filing statuses You or You plus Spouse COLUMN B
SEC	TION A - ADDITIO	NS (+)					L			· · · · · · · · · · · · · · · · · · ·
29.	Enter Federal AGI	amount from Federa	l 1040, 1040A or 1040	EZ	B-04F2000\4004		29 .	798,3	26	10,232,983
30.	Interest on State 8	Local obligations of	ther than Delaware			3	30 -			
31.	Fiduciary adjustme	ent, oil depletion	\$ f4+\$*******************			3	31			
32.			• • • • • • • • • • • • • • • • • • •							
33.	Subtotal Add Line		798,	326	10,232,9	83 5	33			
	TION B - SUBTRA		•							
34.			************************				34	10 5	^^	10 500
35.			definition of eligible is	•		3)	35	12,5	UU	12,500
36.			justment, work opport			•				
			ee Instructions				36		~~	07 000
			fits/Higher Eduo. Excl/					6,9		27,930
			37, and enter here				38	19,4	89	40,430
39.		Line 38 from Line 3			10,192,5		39			
40.	Exclusion for certa	un persons 60 and o	ver or disabled (See in:	structions)		4	10			
41.	TOTAL-Add Lines	s 38 and 40					1 1	19,4	89	40,430
42.	DELAWARE ADJU	ISTED GROSS INCO	ME. Subtract Line 41 from	m Line 33. En	ter here and on Pa	ago 1, Line 1 4	12	778,8	37	10,192,553
SEC unab	TION C - ITEMIZE le to specifically	D DEDUCTIONS (M allocate deductions	UST ATTACH FEDER between spouses, yo	AL SCHED ou must pro	ULE A) If col rate in acco	lumns A an rdance witi	d B are i h incom	used end e.	you a	'e
43.	Enter total Itemize	d Deduction from Sc	hedule A, Federal Fort	n, Line 29			13 E	346,1	60	606,510
			ons)							
45.	Enter Charitable M	Meace Deduction (S	e instructions)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	15			
			and enter here					146,1	60	510 510
			e 43 above (See Instru					260,4		265,807
	i		(See Instructions)				_			
			m Line 46. Enter here					85,7	01	340,703
your	checking or saving		TION if you would like boxes a, b, c and d be			detalls.	_			
A. F	louting Number					b	. Type:	Checkin	g	Savings
a. A	coount Number					d				rough an account that nited States?
			•					Y	'03	No
NOTE	: If your retund is	adjusted by \$100.0	O or more, a paper ch	eck will be	issued and r	nalled to th	e addre	ss on yo	ur retu	m.
	111	BE SURE TO S	HIGN YOUR RETURN	BELOW AN	D KEEP A C	OPYFORY	OUR RI	ECORDS	}	
Inder p	enalties of pariury, j	eclare that I have exam	lined this return, including	accompanyl	ng schedules e	nd statement	ts, and be	lieve it is t	rua, com	act and complete.
Your	Signatur Such	26.	Date 7-7-11	Signatur	of Paid Pred	Valat	MIK	O	Da	7/1/19
Spou	e's Signature (Making	post or complished return)	Dette 7.7.19	Acidirects				τ		
Kom	Phone	Business	Phone	City BETH	esda ·				State MD	ZIP 20814293
E-Mai	Address			EIN, 86N	or PTIN	Buelness P	hone		· E-Ma	MAddress .

BALANCE DUE W/PAYMENT ENCLOSED (LINE 27): DELAWARE DIVISION OF REVENUE P.O. BOX 508

WILMINGTON, DE 19899-0508 742011 11-01-17

REFUND (LINE 28): DELAWARE DIVISION OF REVENUE P.O. BOX 8710 WILMINGTON, DE 19899-8710

ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE P.O. BOX 8711 WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

1019 (Rev 09/2017)



2017 DELAWARE RESIDENT SCHEDULES

2017 R

Names:

Social Security Number:

JOSEPH R. BIDEN JR. & JILL T. BIDEN

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

DES	CHI	EDULE I - CREDIT FO	R INCOME T	'AXES PAIC	TO AN	OTHER STA	.TE			ng Status 4 ONLY pouse Information COLUMN A	You or You	ling statuses I plus Spouse UMN B
		nstructions and com						edule I.			<u> </u>	
		credit in HIGHEST to	Ī		-6							
		mposed by State of	CA		aracter	state name)		1			49	,017
		mposed by State of	NY	•		state name)		_			19	,647
		mposed by State of	IL	•		state name)					8	3,729
		mposed by State of	NJ	•		state name)					5	,889
		mposed by State of	NC	•		state name)		_			1	,842
		the total here and on	Resident Reti	um, Line 10	You mu	ıst attach a						
c	the	r state return(s) with	your Delawai	e tax retur	n			6		1,347	85	5,124
-		EDULE II - EARNED II to the Earned Income			-	N AIRAED M	s Earned Incom	na Cradit	for o	n vour fodoral ratu		
	-		rax Credit to	r each chii	a 100 t	LAIMED III	e Earned Incom	ne Gredit	tor o	in your lederal retu	111.	
	•	g Child Information	7h /	Thild's Last	Nome		8. Child's	e QQN		a Chile	d's Date of	Rinth
/a.	Gnii	d's First Name	7D. (Child's Last	Name		o. Criid	S SSIN		9. Crinc	IS Date Of	Duui
						CHILD	· 1	c	HILD) 2	CHILE) 3
10.		is the child under age						_		-		
		tudent, and younger thouse, if filing jointly)?	nan you (or yo	ur 10)	YES	NO	YE	S	NO	YES	NO
	Op.	odod, ii iiiii ig joii idyy .										
11.		is the child permanent										
	du	ring any part of 2017?		11	l	YES	NO	YE	S	NO	YES	NO
12.	De	laware State Income T	ax from Line 8	3 (enter high	er tax ar	nount from (Column A or B)		. 12			
13.		deral earned income c										
14.		laware EITC Percentag										20
15.	Mu	Iltiply Line 13 by Line 1	4						. 15			
16.	En	ter the smaller of Line	12 or Line 15	above. Ente	r here ar	nd on Reside	ent Return, Line	14	. 16			
See	the	Instructions on Page	8 for ALL red	uired docu	mentati	on to attach	1.					
		<u>EDULE III</u> - CONTRIB										
See	Pag	e 13 for a description	of each wor	thwhile fun	d listed	below.						
17.	A.	Non-Game Wildlife		Н.	DE Natio	nal Guard			Ο.	Senior Trust Fund		
	B.	U.S. Olympics		I.	Juvenile	Diabetes Fund			P.	Veterans Trust Fund		
	C.	Emergency Housing		J.	Multiple	Scierosis Soc.			Q.	Protect DE's Chid Fnd		
	D.	Breast Cancer Edu.		K.	Ovarian	Cancer Fnd			R.	Food Bank of DE		
	E.	Organ Donations		L.	21st Fur	d for Children			S.	Sax Cty Hab for Hum		
	F.	Diabetes Education		M.	White Cl	ay Creek			T.	Ctrl DE Hab for Hum		
	G.	Veterans Home		N.	Home of	the Brave			U.	NCC Hab for Humanity		
F		Antal On the state		lan Desid	- A (D) - A	1 im = 0.4				477		
Ente	r the	total Contribution am	ount here and	on Hesider	nt Heturn	, Line 24		• • • • • • • • • • • • • • • • • • • •	•••••	17		
		This page MUST	be sent in	with you	ır Dela	ware retu	ırn if any of	the sch	edu	les (above) are	comple	ted.

This page <u>MUST</u> be sent in with your Delaware return if any of the schedules (above) are completed.



1 DE 200-01-X STATEMENT

A \$3,000 CHARITABLE CONTRIBUTION TO THE TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS WAS ACCIDENTALLY DEDUCTED TWICE ON THE ORIGINAL RETURN. THE EXTRA \$3,000 HAS BEEN REMOVED FROM SCHEDULE A.

THE TAXPAYER WAS AN EMPLOYEE OF THE U.S. GOVERNMENT DURING THE FIRST THREE WEEKS OF 2017, AFTER WHICH TIME HE LEFT OFFICE AND CHANGED RESIDENCE. IT DOES NOT APPEAR THAT THE TAXPAYER RECEIVED A W-2 REFLECTING THE INCOME RECEIVED DURING THOSE THREE WEEKS AND THE ASSOCIATED FEDERAL AND STATE TAX WITHHOLDINGS.

ACCORDINGLY, THE RETURN HAS BEEN AMENDED TO REPORT ADDITIONAL SALARY OF \$12,963, ADDITIONAL FEDERAL WITHHOLDING OF \$3,847 AND ADDITIONAL SOCIAL SECURITY TAXES OF \$804. ALSO, AN ADDITIONAL \$696 OF STATE INCOME TAXES, REFLECTING THE STATE TAX WITHHELD, HAVE BEEN DEDUCTED ON SCHEDULE A.

BECAUSE OF THE INCREASE IN ADJUSTED GROSS INCOME, THE SCHEDULE A LIMITATION ON DEDUCTIONS HAS INCREASED BY \$389.

THE INCREASE IN MEDICARE WAGES HAS INCREASED THE ADDITIONAL MEDICARE TAX, AS SHOWN ON FORM 8959, BY \$117.

DE 200-01	CREDIT FOR TAX IMPOSED BY OTHER STATE	STATEMENT	2
STATE OF ILLINOI	S, TAXPAYER		
	RM 200-01 OR 200-02, PAGE 1)	10,192,5	
ILLINOIS ADJUSTE		176,34 649,20	
	RM 200-01 OR 200-02, PAGE 1) TATE OF ILLINOIS	8,7	
	OR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI		
	= 176,348. / 10,192,553.	.017	302
"PRO-RATA TAX"	= DELAWARE TAX TIMES PERCENTAGE FACTOR = 649,206. X .017302	11,2	32.
AMOUNT OF CREDIT	= LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX		
AMOUNT OF CREDIT	, STATE OF ILLINOIS	8,7	29.
STATE OF NORTH C	AROLINA, TAXPAYER		
	RM 200-01 OR 200-02, PAGE 1)	10,192,5	
	DJUSTED GROSS INCOME	33,5 649,2	
	RM 200-01 OR 200-02, PAGE 1) TATE OF NORTH CAROLINA	1,8	
	OR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI		
	= 33,504. / 10,192,553.	.003	287
"PRO-RATA TAX"	= DELAWARE TAX TIMES PERCENTAGE FACTOR = 649,206. X .003287	2,1	34.
AMOUNT OF CREDIT			
AMOUNT OF CREDIT	, STATE OF NORTH CAROLINA	1,8	42.

STATE OF CALIFORNIA, TAXPAYER	
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1) CALIFORNIA ADJUSTED GROSS INCOME DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1)	10,192,553. 769,566. 649,206.
TAX IMPOSED BY STATE OF CALIFORNIA "PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI	89,110.
= 769,566. / 10,192,553. "PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR	.075503
= 649,206. X .075503 = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX	49,017.
AMOUNT OF CREDIT, STATE OF CALIFORNIA	49,017.
STATE OF NEW JERSEY, TAXPAYER	
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1)	10,192,553.
NEW JERSEY ADJUSTED GROSS INCOME DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1)	92,463. 649,206.
TAX IMPOSED BY STATE OF NEW JERSEY	6,757.
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI	
= 92,463. / 10,192,553. "PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR	.009072
$= 649,206. \times .009072$	5,889.
AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX	7,000
AMOUNT OF CREDIT, STATE OF NEW JERSEY	5,889.
STATE OF NEW YORK, TAXPAYER	
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1)	10,192,553.
NEW YORK ADJUSTED GROSS INCOME	308,466.
DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1) TAX IMPOSED BY STATE OF NEW YORK	649,206. 26,621.
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY DELAWARE AGI	20,021.
= 308,466. / 10,192,553.	.030264
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE FACTOR = 649,206. X .030264	19,647.
AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED BY OTHER STATE (C) PRO-RATA TAX	13,017
AMOUNT OF CREDIT, STATE OF NEW YORK	19,647.
TOTAL TO FORM 200-01 OR 200-02, PAGE 1	85,124.

DE 200-01	CREDIT FOR TAX IMPOSED BY OTH	IER STATE	STATEMENT	3
STATE OF VIRGINIA	A, SPOUSE			
VIRGINIA ADJUSTED DELAWARE TAX (FOR TAX IMPOSED BY ST	M 200-01 OR 200-02, PAGE 1)	OV DELAMADE ACT	778,83 89,42 11,73 1,53	21. 30.
"PRO-RATA TAX" AMOUNT OF CREDIT	= 89,421. / 778,837. = DELAWARE TAX TIMES PERCENTA = 11,730. X .114814 = LESSER OF: (A) DELAWARE TAX (B) TAX IMPOSED (C) PRO-RATA TAX	AGE FACTOR K BY OTHER STATE	.1148 1,34	
AMOUNT OF CREDIT,	STATE OF VIRGINIA		1,34	47.
TOTAL TO FORM 200	0-01, PAGE 1, LINE 10		1,3	47.
DE 200-01 SOC SEC	C/RR RETIREMENT/HIGHER EDUC EXCL	LUMP SUM DIST	STATEMENT	4
DESCRIPTION		SPOUSE	TAXPAYER OR JOINT	
SOCIAL SECURITY	BENEFITS	6,989.	27,9	30.
TOTAL TO FORM DE	200-01, PAGE 2, LINE 36	6,989.	27,9	30.

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DE 200-01	DELAWARE ITEMIZED DEDUC	CTION WORKSHE	EET ST	FATEMENT 5
		SPOUSE	TAXPAYER	TOTAL
B. TOTAL TAXES, C. INTEREST PAID D. CONTRIBUTION E. CASUALTY & TO F. MISCELLANEOU	NSES, SCHEDULE A, LINE 4 SCHEDULE A, LINE 9 D, SCHEDULE A, LINE 15 S, SCHEDULE A, LINE 19 HEFT, SCHEDULE A, LN 20 S, SCHEDULE A, LINE 27 SCHEDULE A, LINE 28	349,876. 11,910. 506,881.	11,910.	736,613. 23,820. 1,013,762.
1. TOTAL ITEMIZ	ED DEDUCTIONS	868,667.	905,528.	1,774,195.
2. ENTER AMOUNT 3. LIMITED ITEM DISALLOWED	FROM 1040, LINE 38 IZED DEDUCTIONS		10,232,983. 299,018.	
LINE 3 FROM			606,510.	1,452,670.
TOTAL TO FORM 200	01, PAGE 2, LINE 43	846,160.	606,510.	

DE 200-01 OTHER STATE TAXES SUBTRACTED FROM ITEM	IZED DEDUCTIONS	STATEMENT 6
ILLINOIS	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 8,729.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
NORTH CAROLINA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 1,842.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
CALIFORNIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 89,110.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
NEW JERSEY	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 6,757.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
NEW YORK	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	0.	0. 26,621.
LESSER OF SCH A TAXES OR TAX LIABILITY	0.	0.
VIRGINIA	SPOUSE	TAXPAYER
TAXES INCLUDED ON SCHEDULE A TAX LIABILITY	4,571. 1,534.	0.
LESSER OF SCH A TAXES OR TAX LIABILITY	1,534.	0.
TOTAL OTHER STATE TAXES INCLUDED ON LINE 47A	1,534.	0.

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

• Go to www.irs.gov/Form1040X for instructions and the latest information.

OMB No. 1545-0074

GO TO WWW.IIS. GOV/ ON III 1040X	101 11101	aucuona anu uic ioi	COL IIII	Ji i i i i duvi i .		
This return is for calendar year X 2017 2016	20	2014				
Other year. Enter one: calendar year or fiscal year (month	and ye	ar ended):				
	ast nam IDEN	ne JR.			Yours	ocial security number
	ast nan				Spouse	's social security number
Current home address (number and street). If you have a P.O. box, see	instruc	tions.	Ap	t. no.	Your of	none number
City, town or post office, state, and ZIP code. If you have a foreign add WILMINGTON, DE	iress, al	so complete spaces	below (see instructi	ons).	
Foreign country name	Foreig	n province/state/coul	nty		Foreign	postal code
Amended return filing status. You must check one box even if you ar status. Caution: In general, you can't change your filing status from a j returns after the due date. Single Head of household (If the qualifying your dependent, see instructions.)	oint reti g perso	urn to separate	lf all r year i	minimal esse c "Y <u>es."</u> Oth	your hous ential healt erwise, ch	ehold have full- th care coverage, leck "No." See instr.
Married filing separately Qualifying widow(er)				X Ye	s	No
Use Part III on page 2 to explain any changes Income and Deductions	T	A. Original amous or as previously adjusted (see instructions)	а	B. Net char mount of ind or (decreas explain in Pa	crease se) -	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here] 1	11,018,3	46.	12.	963.	11,031,309.
2 Itemized deductions or standard deduction		1,455,36			693.	1,452,670.
3 Subtract line 2 from line 1		9,562,98	3.		656.	9,578,639.
4 Exemptions. If changing, complete Part I on page 2 and enter	· -			-		
the amount from line 29	4	7 1				
5 Taxable income. Subtract line 4 from line 3		9,562,98	3.	15,	656.	9,578,639.
Tax Liability	+ -	, - , -		***************************************		
6 Tax. Enter method(s) used to figure tax: TCW	6	3,732,17	2.	6,	200.	3,738,372.
7 Credits. If a general business credit carryback is included, check here] 7					
8 Subtract line 7 from line 6. If the result is zero or less, enter-0-	8	3,732,17	2.	6,	200.	3,738,372.
9 Health care: individual responsibility (see instructions)						
10 Other taxes		6,15	1.		117.	6,268.
11 Total tax. Add lines 8, 9, and 10		3,738,32	3.	6,	317.	3,744,640.
Payments						
12 Federal income tax withheld and excess social security and tier 1						
RRTA tax withheld. (If changing, see instructions.)	12	186,74	0.	4,	651.	191,391.
13 Estimated tax payments, including amount applied from prior						
year's return	13					
14 Earned income credit (EIC)						
15 Refundable credits from: Schedule 8812 Form(s) 2439 4136 8863 8885 9962 or						
other (specify):	15					
16 Total amount paid with request for extension of time to file, tax pai additional tax paid after return was filed		_			16	3,551,583.
17 Total payments. Add lines 12 through 15, column C, and line 16						3,742,974.
Refund or Amount You Owe						
18 Overpayment, if any, as shown on original return or as previously a						3,742,974.
19 Subtract line 18 from line 17 (If less than zero, see instructions.)						1,666.
20 Amount you owe. If line 11, column C, is more than line 19, enter						T,000.
21 If line 11, column C, is less than line 19, enter the difference. This is						
22 Amount of line 21 you want refunded to you		1 1	**********		22	
23 Amount of line 21 you want applied to your (enter year):	esti	mated tax 23		O		in this form on Page 2
				I TOMONIAS	ra ond cir	IN TRUE TARM AR WORLD

710701 01-23-18

FORM 1040X STATEMENT 1

A \$3,000 CHARITABLE CONTRIBUTION TO THE TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS WAS ACCIDENTALLY DEDUCTED TWICE ON THE ORIGINAL RETURN. THE EXTRA \$3,000 HAS BEEN REMOVED FROM SCHEDULE A.

THE TAXPAYER WAS AN EMPLOYEE OF THE U.S. GOVERNMENT DURING THE FIRST THREE WEEKS OF 2017, AFTER WHICH TIME HE LEFT OFFICE AND CHANGED RESIDENCE. DOES NOT APPEAR THAT THE TAXPAYER RECEIVED A W-2 REFLECTING THE INCOME RECEIVED DURING THOSE THREE WEEKS AND THE ASSOCIATED FEDERAL AND STATE TAX WITHHOLDINGS.

ACCORDINGLY, THE RETURN HAS BEEN AMENDED TO REPORT ADDITIONAL SALARY OF \$12,963, ADDITIONAL FEDERAL WITHHOLDING OF \$3,847 AND ADDITIONAL SOCIAL SECURITY TAXES OF \$804. ALSO, AN ADDITIONAL \$696 OF STATE INCOME TAXES, REFLECTING THE STATE TAX WITHHELD, HAVE BEEN DEDUCTED ON SCHEDULE A.

BECAUSE OF THE INCREASE IN ADJUSTED GROSS INCOME, THE SCHEDULE A LIMITATION ON DEDUCTIONS HAS INCREASED BY \$389.

THE INCREASE IN MEDICARE WAGES HAS INCREASED THE ADDITIONAL MEDICARE TAX, AS SHOWN ON FORM 8959, BY \$117.

<u> </u>	U.	S. I	ndividual Inco	me Tax Returr	(**) 201 /	OMB No	. 1545-0074	IRS Use O	nly - Do no	t write o	r staple	in this space.		
			other tax year beginning	9		, 2017, en	ding		20			separate instru		
Your first name and	initial			Last name						[Your so	ocial security nun	nber	
JOSEPH R.				BIDEN JR	. •									
If a joint return, spor	use's	first r	ame and initial	Last name]	Spouse	e's social security	/ number	
JILL T.				BIDEN										
Home address (num	iber a	nd st	eet). It you have a P.	.O. box, see instructio	ns.				Apt. n	10.	Make sure the SSN(s) abov and on line 6c are correct.			
City, town or post office	, state	, and a	IP code, if you have a fo	xeign address, also comp	lete spaces below.							ential Election Ca		
WILMINGTO	N,	DI	2								Check here if you, or your spot if filing jointly, want \$3 to go to this fund. Checking a box below.			
Foreign country nam	ne			Foreign province/state/county Foreign postal code					code					
	1		Single			4	Head o	of househo	ld (with a			son). If the qu		
Filing Status	2	X	T	(even if only one had	l income)	• •			•		dependent, enter this child's			
	3			ately. Enter spouse's			•	here.	,			•		
Check only one box.	٠	L	and full name here.		CON GOOV	5 [ring widow	(er) (see	instruc	tions)			
tr.,	68	X			dependent, do not ch	eck box 6		3				Boxes checked on 6a and 6b	2	
Exemptions	b	X	_									No. of children		
	٠.		endents:		(2) Dependent's so		(3) D	ependent's		(4)√ if cl under age	31131	on 6c who: • lived with you	ı	
	٠	•	st name	Last name	security number		relat	relationship to you		under age qualitying h tax cred	or child	did not live wi you due to divor	ith	
												or separation (see instructions		
If more than four dependents, see												Dependents on (6c	
instructions and	٦ .											not entered above Add numbers		
check here	ي لــ	T-1	al aucobar of avarant	is as alsimad	<u> </u>							on lines above	2	
	<u>d</u>	101	an number of exempt	a Attach Form(a) M.S	2	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Sm	MT 8	7	T	720,		
Income	7								****Y.	8a	+		669.	
	8a				ed			• • • • • • • • • • • • • • • • • • • •		- Oa				
Attach Form(s)	9-			o not include on line 8		L	<u> </u>			- 9a				
W-2 here. Also	9a				ired	1	9b	***********		74				
attach Forms W-2G and	Þ		alified dividends	ar affects of atota as	d lacel income toyee			STM	т 6	10			0.	
1099-R if tax	10				nd local income taxes					-				
was withheld.	11									12			862	
	12				or C-EZ					13				
If you did not	13				quired. If not required,									
get a W-2,	14				***************************************	1 h	Taxable amo	ount					961.	
see instructions.	15a		distributions		241,89		Taxable amo					213,		
	16a		nsions and annuities		orporations, trusts, et	A					<u> </u>	0,060,		
	17 18			• • • • • • • • • • • • • • • • • • • •						18		,0,000,		
			m income or (loss).	**						-				
	19			nsation	41,08		Taxable am					34	919.	
	20a 21		cial security benefits her income. List type	***************************************		"	I BAGNIC GIII	June		21				
	22			***************************************	for lines 7 through 21	This is u	our total in	come	_	22		1,037,	751.	
	23	*******					23			- 22	-	, ,	· 1	
Adjusted	24	Cer	tain business expenses	of reservists, performing	artists, and fee-basis gove	rnment	24							
Gross	25				rm 8889		25							
Income	26		ving expenses. Attac			Г	26							
	27		7 .		h Schedule SE	_	27		12					
	28				lans		28							
	29						29	6	,430		13) 33			
	30						30							
	318						31a		······					
	32						32							
	33		ident loan interest de				33		·····					
	34			***************************************		-	34							
	35				ach Form 8903		35				44.			
	36					•			••••••	36	4	6.	442	
710001 02-22-18	37				justed gross income				>	37		1,031,	309	
					, w									

Form 1040 (2017	ı J	OSEPH R. BIDEN JR. & JILL T. BIDEN		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	11,031,309.
Credits		Check X You were born before January 2, 1953, Blind. Total boxes	•	•
Standard Deduction for -		if: Spouse was born before January 2, 1953, Blind. shecked > 392 2	·. '	
O Correla teles	b	If your spouse itemizes on a separate return or you were a dual-status allen, check here		
check any box on line 38a or 39b 01 who can	40	itsmized deductions (from Schedule A) or your standard deduction (see left margin)	40	1,452,670.
i be claimed as a	41	Subtract line 40 from line 38	41	9,578,639.
dependent, see instructions.	42	Exemptions, if line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	0.
1	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	48	9,578,639.
	44	Tax. Check if any from: a Form(s) 8814 b Form 4972 c	44	3,738,372.
	45	Alternative minimum tax. Attach Form 6251	45	
All others: Single or	48	Excess advance premium tax credit repayment. Attach Form 8982	46	
Married filing	47	Add lines 44, 45, and 46	47	3,738,372.
\$6,350	48	Foreign tax credit. Attach Form 1116 if required		
Maryled Illing jointly or	48	Credit for child and dependent care expenses. Attach Form 2441		
Custilying	50	Education credits from Form 8863, line 19 50		
widow(er), \$12,700	51	Retirement savings contributions credit. Attach Form 8880 51		
Head of household,	52	Child tax credit. Attach Schedule 8812, if required 52		
\$9,350	53	Residential energy credits. Attach Form 5695	7.0	
-	54	Other credits from Form: a 3800 b 8801 c 54	,	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	3,738,372.
	57	Self-employment tax. Attach Schedule SE	57	23.
Other	58	conseported social security and imedicate tax from Form: a L1 4137 b L1 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 a	Household employment taxes from Schedule H	60a	1,357.
	b	First-films homebuyer credit repayment. Attach Form 5405 if required	8Qb	
	61	First-time homebuyer credit repayment. Attach Form 5405 if required Health care: Individual responsibility (see instructions) Full-year coverage	81	
	62	Taxes from: a LX Form 8959 b LX Form 8960 c L inst; enter code(s)	62	4,888.
	- 63	Add lines 58 through 62. This is your total tax	63	3,744,640.
rayments	64	Federal income tax withheld from Forms W-2 and 1099 84 178,198.	•	
If you have a	85	2017 estimated tax payments and amount applied from 2016 return 65		
qualifying _		Earned Income credit (EIC)		
Schedule EIC.		Nontaxable combat pay election	• .1	
<u> </u>	67	Additional child tax credit. Attach Schedule 8812 67		
	88 88	American opportunity credit from Form 8863, line 8	•	
	70	Net premium tax credit. Attach Form 8962	٠,	
	71	Amount paid with request for extension to file		
	72	Excess social security and tier 1 RRTA tax withheld 71 13, 193.		
	73	Credit for federal tax on fuels. Attach Form 4136 72 Credits from Form: a 2439 b	.:	
		Credits from Form: a2439 b8685 d		404 504
Refund		If the 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	74	191,391.
	70-	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	75	
Direct deposit?	- b	auffed State C Type: C Chocking States > d Account C Account	78a	
instructions.		Amount of line 75 you want applied to your 2018 estimated tax		
Amount		Amount you owe. Subtract line 74 from the 63. For details on how to pay, see instructions	78	3,553,249.
		The state of the s	10	3,333,243.
You Owe	79	Estimated tax penalty (see instructions)		
	/ De	Stimated tax penalty (see instructions)	W.	T No.
Third Party Designee	V Do	you want to allow another person to discuss this return with the IRS (see instructions)? X Yea. Complete balo	loreseno!	Idontification
Third Party Designee Sign	V Do	you want to allow another person to discuss this return with the IRS (see instructions)? X Yea. Complete balo	loreseno!	identification . I
Third Party Designee Sign Here	V Do	you want to allow another person to discuss this return with the IRS (see instructions)? X Yea. Complete balo Phone P	tornomal tember (torrick, an any know	identification . I
Third Party Designee Sign Here Joint return? See Instructions.	V Do	you want to allow another person to discuss this return with the IRS (see Instructions)? X Yes. Complete balo Person No.	tornomal tember (torrick, an any know	identification >
Third Party Designee Sign Here Joint return? See Instructions. Keep a copy for your	V Do	you want to allow another person to discuss this return with the IRS (see Instructions)? WALTER H DEYHLE, CPA The complete below the present of the person to discuss this return and accompanying schedules and columnate, and to the best of any knowledge and belief, they we true, controlly the all advantage of planes of income I present design to the person of all information of which preparer has been all advantage of the preparer has been any controlly of the preparer has been all information of which preparer has been all informatio	orsetted samber (orred, as say know Day to	identification
Third Party Designee Sign Here Joint return? See Instructions. Keep a copy for your	De dest and the second	you want to allow another person to discuss this return with the IRS (see Instructions)? WALFTER H DEYHLE, CPA Phone P	orsetted samber (orred, as say know Day to	identification > 1/14) indec. indec. income number FIS sent you an identify itlen PIN,
Third Party Designee Sign Here John return? See instructions. Keep a capy for your records.	De dest and the second	you want to allow another person to discuss this return with the IRS (see Instructions)? WALFTER H DEYHLE, CPA Phone Ph	orsend imber (orsel, as any know) Day to H the Protes enter	identification > index in the control of the contro
Third Party Designee Sign Here John return? See Instructions. Keep a copy for your records.	Do Gesta	you want to allow another person to discuss this return with the IRS (see Instructions)? Yes. Complete balo Prepared Prepared	orsend imber (orsel, as any know) Day to H the Protes enter	identification > index in the control of the contro
Third Party Designee Sign Here John rebum? See Instructions. Keep a copy for your records. Paid Preparer	Dr. dest and	you want to allow another person to discuss this return with the IRS (see Instructions)? Year Complete belowed with the IRS (see Instructions)? Year Complete belowed with the IRS (see Instructions)? Year Complete belowed with the IRS (see Instructions)? Year Complete belowed with the IRS (see Instructions)? Year Complete belowed with present the IRS (see Instructions)? Year Complete belowed with present below the IRS (see Instructions)? Year Complete belowed with present below the IRS (see Instructions)? Year Complete below	orsend imber (orsel, as any know) Day to H the Protes enter	identification > index in the control of the contro
Third Party Designee Sign Here John return? See Instructions. Keep a copy for your records.	Dr. dest and	you want to allow another person to discuss this return with the IRS (see Instructions)? Yes. Complete balo Prepared Prepared	orsend imber (orsel, as any know) Day to H the Protes enter	identification > index in the control of the contro

SCHEDULE A (Form 1040)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

OMB No. 1545-0074
2017
Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

Caution: If you are claiming a net qualified disaster loss on Form 4684 see the instructions for line 28

JOSEPH R	. I	BIDEN JR. & JILL T. BIDEN				
Medical		Caution: Do not include expenses reimbursed or paid by others.			<u></u>	
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040, line 38	38.			
Expenses			1 1			
	3	Multiply line 2 by 7.5% (0.075)	3			
	-	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You		State and local (check only one box):				
Paid	Ť	a X income taxes, or SEE STATEMENT 13	5	722	,898.	
		b General sales taxes		1.0		
	6	Real estate taxes (see instructions)	6	13	,715.	
	7	Personal property taxes	7			
	8	Other taxes. List type and amount	1.77			
			8			
	9	Add lines 5 through 8			9	736,613.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	23	,820.	
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name,				
		identifying no., and address				
Note:			11			
Your mortgage interest	12	Points not reported to you on Form 1098. See instructions for special rules	12			
deduction may	13	Mortgage insurance premiums (see instructions)	13			
be limited (see	14	Investment interest. Attach Form 4952 if required. See instructions	14			
instructions).	15	Add lines 10 through 14			15	23,820.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,013	762.	
Charity	17		1720			STMT 14
If you made a	• •	You must attach Form 8283 if over \$500	17			
gift and got a benefit for it.	18		18	••••		1
see instructions		Add lines 16 through 18			19	1,013,762.
Casualty and	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684	and		300	
Theft Losses		enter the amount from line 18 of that form. See instructions			20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.	3250			
and Certain Miscellaneous Deductions		Attach Form 2106 or 2106-EZ if required. See instructions.				
			21			
	22		22			1
	23		313.3 313.3			
			10.00			
			~			
			23			-
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38	_			
	26	Multiply line 25 by 2% (0.02)			27	
04	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		*********	21	1
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount				
					28	
	29	Is Form 1040, line 38, over \$156,900?	`			
		No. Your deduction is not limited. Add the amounts in the far right column	_			1 450 650
Total		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	S	TMT 1	LD 29	1,452,670.
Itemized		Yes. Your deduction may be limited. See the Itemized Deductions				
Deductions		Worksheet in the instructions to figure the amount to enter.	J			
	30	If you elect to itemize deductions even though they are less than your standard ded	ductio	n,		
		check here		<u>,,,,,</u>		

54742__2

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

► Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return JOSEPH R. BIDEN JR. & JILL T. BIDEN **Amount** Part I 1 List name of payer, If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that Interest buyer's social security number and address MASSACHUSETTS MUTUAL LIFE INSURANCE CO 23. 13. MASSACHUSETTS MUTUAL LIFE INSURANCE CO 37. MASSACHUSETTS MUTUAL LIFE INSURANCE CO 218. PNCBANK, NATIONAL ASSOCIATION 15. UNITED STATES SENATE FEDERAL CREDIT UNION MANUFACTURERS AND TRADERS TRUST ASSOCIATION 6,945. 1 4. NEW CASTLE COUNTY SCHOOL EMPLOYEES 414. FROM K-1 - CELTICCAPRI CORP Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm. list the firm's name as the payer and enter the total interest 7,669. shown on that 2 2 Add the amounts on line 1 form. Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 7,669. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a 4 Note: If line 4 is over \$1,500, you must complete Part III. **Amount** Part II 5 List name of payer **Ordinary** Dividends 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign No account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust **Foreign** 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such X Accounts as a bank account, securities account, or brokerage account) located in a foreign country? See instructions...... and If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing **Trusts** requirements and exceptions to those requirements b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

If "Yes," you may have to file Form 3520. See instructions

Schedule B (Form 1040A or 1040) 2017

X

727501 10-25-17

Interest and Dividend Summary

Name: JOSEPH R. BIDEN JR. & JI	LL T. BIDEN				4	FEIN/SSN:					·
Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid
MASSACHUSETTS MUTUAL LIFE											<u> </u>
INSURANCE CO	23			CONTRACTOR							
MASSACHUSETTS MUTUAL LIFE											
INSURANCE CO	13										
MASSACHUSETTS MUTUAL LIFE											<u> </u>
INSURANCE CO	37										ļ
PNCBANK, NATIONAL ASSOCIATION	218								60.		
UNITED STATES SENATE FEDERAL											
CREDIT UNION	15										
MANUFACTURERS AND TRADERS											
TRUST ASSOCIATION	6,945	<u> </u>									
NEW CASTLE COUNTY SCHOOL											
EMPLOYEES	4										
FROM K-1 - CELTICCAPRI CORP	414										
											<u> </u>
											<u> </u>
TOTALS 730191 04-01-17	7,669								60		<u></u>

SCHEDULE C-EZ (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

➤ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

Attach to Form 1040, 1040NR, or 1041. ➤ See instructions.

2017

Social security number (SSN) Name of proprietor JILL T. BIDEN Part I **General Information** Had business expenses of \$5,000 or less, Had no employees during the year, Do not deduct expenses for business use Use the cash method of accounting. You May Use of your home. Schedule C-EZ Did not have an inventory at any time during Instead of the year, Do not have prior year unallowed passive Schedule C activity losses from this business, and And You: Did not have a net loss from your business, Only If You: Are not required to file Form 4562, Had only one business as either a sole Depreciation and Amortization, for this proprietor, qualified joint venture, or business. See the instructions for Schedule statutory employee, C, line 13, to find out if you must file. B Enter business code (see inst) Principal business or profession, including product or service **▶** 711510 **AUTHOR** D Enter your EIN (see inst) Business name. If no separate business name, leave blank. JILL BIDEN Business address (including suite or room no.), Address not required if same as on page 1 of your tax return. City, town or post office, state, and ZIP code WILMINGTON, DE X No Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) Yes Yes If "Yes," did you or will you file required Forms 1099? No Part II Figure Your Net Profit Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that 862. 1 0. Total expenses (see instructions). If more than \$5,000, you must use Schedule C 2 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2. (Statutory employees do not report this 862. amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3 Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2. When did you place your vehicle in service for business purposes? (month, day, year) Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for: **b** Commuting **c** Other Business Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? 7 8a Do you have evidence to support your deduction?Yes No **b** If "Yes," is the evidence written? For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040). Schedule C-EZ (Form 1040) 2017 LHA

719191 10-25-17

Business Name:

Description		Tax Year 2016	Tax Year 2017	Increase (Decrease)
NCOME				
ROSS INCOME		1,362.	862.	-500
NET PROFIT OR (LOSS	3)	1,362.	862.	-500

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99) **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074
2017

Name(s) shown on return

Your social security number

realic(a) Shown of Fedure						,	
JOSEPH R. BIDEN JR. & JILL T. BIDEN							
Part I Income or Loss From Rental Real Estate and Roy							
Schedule C or C-EZ (see instructions). If you are an individual, rep							
A Did you make any payments in 2017 that would require you to file Form(s)		-					X No
					<u>L</u>	Yes L	No_
1a Physical address of each property (street, city, state, ZIP code)	_						
A WILMINGTON, DE				······································			
В							
С							
1b Type of Property 2 For each rental real estate property listed above, report the number of fair rental and					Fair Rent Days	al Persona Use Day	
personal use days. Check the QJV box					365		-
a only if you meet the requirements to file as a qualified joint venture. See instructions.				A	303		╫┼
B				В			##
C				C			ᆜᆜ
Type of Property:							
1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land		7 Self-Rental					
2 Multi-Family Residence 4 Commercial 6 Royaltie	es T	8 Other (desci	ribe)	В		С	
Income: Properties:		19,80	10	В		<u> </u>	
3 Rents received	3	19,00	,,,,				
4 Royalties received	4						
Expenses:	۱ _						
5 Advertising							
6 Auto and travel (see instructions)	6						
7 Cleaning and maintenance	7						
8 Commissions	8						
9 Insurance							
10 Legal and other professional fees	10						
11 Management fees	11	5,38	22				
12 Mortgage interest paid to banks, etc. (see instructions)	12	3,30	34.				
13 Other interest	13						
14 Repairs	14						
15 Supplies	15	3,09	20				
16 Taxes	16	3,0.	73.				
17 Utilities	17						
18 Depreciation expense or depletion	18						
19 Other (list)	19	8,48	81				
20 Total expenses. Add lines 5 through 19	20	0,4					
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a	04	11,3	19.				
(loss), see instructions to find out if you must file Form 6198	21	44,0					
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	,	1		1		1
23a Total of all amounts reported on line 3 for all rental properties		<u> </u>	23a	19	800.		
			23b				
			23c	5.	382.		
			23d	<u> </u>			
			23e	8 -	481.		
e Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any load		L	206	<u> </u>	24	11	319.
25 Losses. Add royalty losses from line 21 and rental real estate losses fro		22 Enter total los	sees h	ere	25 ()
26 Total rental real estate and royalty income or (loss). Combine lines 24					·		
IV, and line 40 on page 2 do not apply to you, also enter this amount on					"		
18. Otherwise, include this amount in the total on line 41 on page 2	wexet				26	11.	319.
LHA For Paperwork Reduction Act Notice, see the separate instructions	<u></u> S.					E (Form 10	

721491 10-20-17

Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a X No passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. (b)Enter P for partnership; S or S corporation (d) Employer 28 (a) Name identification number CELTICCAPRI CORP S S GIACOPPA CORP C D Passive Income and Loss Nonpassive Income and Loss (f) Passive loss allowed (attach Form 8582 if required) (j) Nonpassive income (g) Passive income (h) Nonpassive loss (i) Section 179 expense from Schedule K-1 deduction from Form 4562 from Schedule K-1 from Schedule K-1 9,490,857. A 557,882. В C D 10,048,739. 29a 10,048,739. Add columns (g) and (j) of line 29a 30 31 31 Add columns (f), (h), and (i) of line 29b Total partnership and \$ corporation income or (loss). Combine lines 30 and 31. Enter the 10,048,739. 32 result here and include in the total on line 41 below Part III Income or Loss From Estates and Trusts (b) Employer 33 (a) Name identification number A В Nonpassive Income and Loss Passive Income and Loss (e) Deduction or loss (f) Other income from (c) Passive deduction or loss allowed (d) Passive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 A B 34a Totals 35 Add columns (d) and (f) of line 34a 35 36 Add columns (c) and (e) of line 34b 38 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder (c) Excess inclusion from (d) Taxable income (net Schedules Q, line 2c loss) from Schedules C (e) Income from (b) Employer loss) from Schedules Q, 38 (a) Name identification number Schedules Q, line 3b (see instructions) line 1b Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V Summary Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 10.060.058 Total income or (loss). Combine tines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 41 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code 8; Schedule K-1 42 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental reat estate activities in which you materially participated under the pas Schedule E (Form 1040) 2017

2017 Income from Passthroughs

CELTICCAPRI CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

CELTICCAPRI, CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

9,490,857.

TOTAL NONPASSIVE INCOME (LOSS)

9,490,857.

OTHER K-1 INFORMATION:

INTEREST INCOME
OTHER ITEMIZED DEDUCTIONS

INVESTMENT INCOME

NONDEDUCTIBLE EXPENSES

SE EARNINGS

414.

3,298. 414.

11,809.

145,833.

2017 Income from Passthroughs

GIACOPPA CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

GIACOPPA CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

557,882.

TOTAL NONPASSIVE INCOME (LOSS)

557,882.

728021 04-01-17

2017 Income from Passthroughs SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS OTHER K-1 INFORMATION: INTEREST INCOME OTHER ITEMIZED DEDUCTIONS NONDEDUCTIBLE EXPENSES SE EARNINGS 11,809. 145,833.

INVESTMENT INTEREST EXPENSE:

INVESTMENT INCOME 414.

Property Name: COTTA	SE -	WILMINGTO	N, DE	
	Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
INCOME				
RENTS RECEIVED		26,400.	19,800.	-6,600
EXPENSES			,	•
MORTGAGE INTER	e cm	4,708.	5,382.	674
TAXES	2D 1	2,959.	3,099.	140
SUBTOTAL		7,667.	8,481.	814
INCOME OR (L	oss)	18,733.	11,319.	-7,414

Schedule SE (Form 1040) 2017

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

DOES NOT APPLY

_{Form} 6251

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Go to www.irs.gov/Form6251 for instructions and the latest information. ▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Name(s) shown on Form 1040 or Form 1040NR Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Part I Alternative Minimum Taxable Income 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the 9,578,639. amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.) 1 2 2 Reserved for future use 736,613. 3 Taxes from Schedule A (Form 1040), line 9 3 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 4 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 5 -321,525. 6 If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions 6 7 Tax refund from Form 1040, line 10 or line 21 7 8 Investment interest expense (difference between regular tax and AMT) 8 Depletion (difference between regular tax and AMT) 9 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 11 Alternative tax net operating loss deduction 11 12 Interest from specified private activity bonds exempt from the regular tax 12 13 Qualified small business stock, see instructions 13 14 Exercise of incentive stock options (excess of AMT income over regular tax income) 14 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 17 Disposition of property (difference between AMT and regular tax gain or loss) 17 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 19 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 18 0. 19 20 Loss limitations (difference between AMT and regular tax income or loss) 20 21 Circulation costs (difference between regular tax and AMT) 21 22 Long-term contracts (difference between AMT and regular tax income) 23 Mining costs (difference between regular tax and AMT) 23 24 Research and experimental costs (difference between regular tax and AMT) 25 Income from certain installment sales before January 1, 1987 26 Intangible drilling costs preference 26 27 Other adjustments, including income-based related adjustments 27 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.) 9,993,727. Part II Alternative Minimum Tax (AMT) 29 Exemption. (If you were under age 24 at the end of 2017, see instructions.) IF your filing status is... AND line 28 is not over... THEN enter on line 29... Single or head of household ______ \$120,700 _____ \$54,300 Married filing jointly or qualifying widow(er) 160,900 84,500 0. Married filing separately 29 80,450 42,250 If line 28 is over the amount shown above for your filing status, see instructions. 9,993,727. 30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 30 31 ● If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. 2,794,488. 31 All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 26% (0.28) and subtract \$3,756 (\$1,878 if married filling separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions) 32 2,794,488. 33 Tentative minimum tax. Subtract line 32 from line 31 33 34 Add Form 1040, line 44 (rhinus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions) 34 35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

Form 6251 (2017)

JOSEPH R. BIDEN JR. & JILL

Part III | Tax Computation Using Maximum Capital Gains Rates

	Complete Dort III only if you are required to do so by line 21 or by the Foreign Farned Income Tay Workship	aat in t	ha inetnictions
	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Workshe	SOU III I	ne manuchona.
30	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	
97	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
3/	for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
20	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
30	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
30	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
00	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
	Subtract line 40 from line 36	41	
	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise,		
	multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	
43	Enter:		
	• \$75,900 if married filing jointly or qualifying widow(er),		
	• \$37,950 if single or married filing separately, or	43	
	• \$50,800 if head of household.		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you		
	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
	Enter the smaller of line 36 or line 37	46	
	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
	Subtract line 47 from line 46	48	
	Enter:		
	• \$418,400 if single		
	\$235,350 if married filing separately \$470,700 if married filing jointly or qualifying widow(er)	49	
	• \$444,550 if head of household		
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, of the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,		
	see instructions for the amount to enter	51	
	Add line 50 and line 51	52	
	Subtract line 52 from line 49. If zero or less, enter -0-	53	
	Enter the smaller of line 48 or line 53	54	
55	Multiply line 54 by 15% (0.15)	55	
56	Add lines 47 and 54	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (0.20)	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
	Add lines 41, 56, and 57	59	
	Subtract line 59 from line 36	60	
	Multiply line 60 by 25% (0.25)	61	
	Add lines 42, 55, 58, and 61	62	
63	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26).	63	
	Otherwise, multiply line \$6 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter	03	
04	this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31.	64	
	Bits amount on the ST. Histeau, errei it on the 4 of the Worksheet in the instructions for the ST	1 ~~	Form 6251 (2017)

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT Name(s) Social Security Number

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Form			Adjustment						
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment		
E-	COTTAGE - WILMINGTON, * REGULAR INCOME	11.319.							
	* AMT NET INCOME	11,319. 11,319.							
9417-04833 24818-184		10 mg/s							

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971

2017

Attachment
Sequence No. 44

Department of the Treasury Internal Revenue Service (99) Name of employer

► Go to www.irs.gov/ScheduleH for instructions and the latest information.

Social security number Employer identification number JOSEPH R. BIDEN JR. & JILL T. BIDEN Calendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017. Did you pay any one household employee cash wages of \$2,000 or more in 2017? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.) X Yes. Skip lines B and C and go to line 1. No. Go to line B. Did you withhold federal income tax during 2017 for any household employee? Yes. Skip line C and go to line 7. No. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employees? (Don't count cash wades paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.) Stop. Don't file this schedule. No. Yes. Skip lines 1-9 and go to line 10. Social Security, Medicare, and Federal Income Taxes Part I Total cash wages subject to social security tax 1,066. Social security tax. Multiply line 1 by 12.4% (0.124) 8,600. Total cash wages subject to Medicare tax 249. Medicare tax. Multiply line 3 by 2.9% (0.029) Total cash wages subject to Additional Medicare Tax withholding ______5 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) Federal income tax withheld, if any 7 1,315. Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employees? (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions. X Yes. Go to line 10. For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Schedule H (Form 1040) 2017

710351 11-28-17

p			BIDEN JR. (<u> JILL</u>	T. BIDEN							Page 2
Part II	Federal U	nemployment	(FUTA) Tax								Van	Ma
40 Did		mant contribution	s to only one state? I	If you poid oo	ntributions to a c	rodit raduction	n etata				Yes	No
	ou pay unemploy structions and c		s to only one state?						ſ	10	X	-
			ributions for 2017 by							11	Х	
			tax also taxable for							12	X	
Next: If yo	ou checked the	"Yes" box on all th	e lînes above, comp	lete Section A	l							
If yo	ou checked the '	"No" box on any o	f the lines above, ski			ction B.						
40 11	- f ab a - a - a - a - a		oloyment contributio	Section /		DE		771, 47				
13 Name	or the state with	ere you paid unem	Dioyment contributio	115								
14 Contri	ibutions paid to	vour state unemple	oyment fund		14							
15 Total o	cash wages sub	ject to FUTA tax			0	% RATE		15			7,0	00.
16 FUTA	tax. Multiply lin	e 15 by 0.6% (0.00	6). Enter the result h	ere, skip Sec	tion B, and go to	line 25		16				42.
				Section E								
			f you need more spa	ice, see instru (d)	(e)	(f)		(g)			(h)	
	(b) Taxable wages (as	State ex	(C) perience rate period	State	Multiply col. (b) by 0.054	Multiply col		Subtract from co	col.(f)		ontributi aid to st	
of state	defined in state act)	From	То	experience rate	by 0.054	by col. (d	"	If zero or enter -	less,		employ: fund	
40 T. A. I.							18					
			***************************************				10	122		L		
20 Total	cash waqes sub	piect to FUTA tax (s	ee the line 15 instruc	ctions)				20				
								21				,
22 Multip	oly line 20 by 5.4	1% (0.054)		*,*,,*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22							
23 Enter	the smaller of li	ine 19 or line 22		**************								
			utions late or you're									
			Enter the result here					23				
		isehold Emplo		and go to iii	e 25			24	<u> </u>			
			ked the "Yes" box o	on line C of pa	ge 1, enter -0-			25			1,3	315.
											1,3	357.
	ou required to fil											
			n line 26 above on Fo		60a. Don't com	plete Part IV b	elow.					
Part IV			rt IV. See instruction		ad Sea the line	07 inetructions						
		O. box if mail tan t deliver	 Complete this part ed to street address 	only ii requii	eu. See ule iile i	27 HISHUCHOIIS).	Apt., n	oom, or sui	te no.		
City, town or	post office, state, and	d Z⊪ code							***************************************			
payment mad	de to a state unemplo	syment fund claimed as a	nis schedule, including acco credit was, or is to be, ded	ompanying statem lucted from the par	ents, and to the best on the best of the second section of the	of my knowledge ar Declaration of prep	nd belief, it i parer (other t	s true, cor han taxpa	rect, and o yer) is base	omplet ed on a	e. No pa Il inform	at or any lation of
which prepar	rer has any knowledge	е.										
Employ	yer's signature					Date						
		preparer's name	Preparer	's signature	Da	ite	Check	if	PTIN			
Paid		p. p. c.	1, 4,				self- emp	oloyed				
Prepar	I HILL O HALL	ne 🕨					Firm's E					
Use O							<u></u>					
	Firm's add	iress 🕨					Phone	nO.				
	L						L					
710352 11-2	28-17							Sch	edule H	(Forr	n 104	o) 2017

Form **8959**

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.
 ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

2017 Attachment

OMB No. 1545-0074

Name(s) shown on return Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Part I Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts 729,776. from box 5 2 Unreported tips from Form 4137, line 6 2 3 Wages from Form 8919 line 6 729,776. 4 Add lines 1 through 3 5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000. Single, Head of household, or Qualifying widow(er) \$200,000 479,776. 6 Subtract line 5 from line 4. If zero or less, enter -0-6 4.318. 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II 7 Part II Additional Medicare Tax on Self-Employment Income 8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter 796. -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) 8 9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 250,000 Single, Head of household, or Qualifying widow(er) \$200,000 Ω 729,776. 10 Enter the amount from line 4 11 Subtract line 10 from line 9. If zero or less, enter -0-796. 12 Subtract line 11 from line 8. If zero or less, enter -0-12 13 Additional Medicare Tax on self-employment income, Multiply line 12 by 0.9% (0.009). Enter 7. here and go to Part III 13 Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation 14 Railroad retirement (RRITA) compensation and tips from Form(s) W-2, box 14 (see instructions) 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 16 Subtract line 15 from line 14. If zero or less, enter-0-16 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV... 17 Part IV Total Additional Medicare Tax 18 Add lines 7, 13, and 17 Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V ... 4,325. 18 Withholding Reconciliation 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 12,122 19 729,776. 20 Enter the amount from ine 1 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 10,582. 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax 1,540. withholding on Medicare wages 22 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) 23 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, 1,540. and 1040-SS filers, see instructions) 24

723111 12-13-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8959 (2017)

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

OMB No. 1545-2227

ZU 17

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on your tax return

➤ Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

Your social security number or EIN

<u>Jos</u>	EPH R. BIDEN JR. & JILL T. BIDEN					
Pari	I Investment Income Section 6013(g) election (see instructions)					
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (s	see ins	structions)			
1	Taxable interest (see instructions)				1	7,669.
2	Ordinary dividends (see instructions)				2	
3	Annuities (see instructions)				3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,					
	etc. (see instructions)	4a	10,060,0	058.		
b	Adjustment for net income or loss derived in the ordinary course of					
	a non-section 1411 trade or business (see instructions) STATEMENT 19	4b	-10,048,	739.		
С	Combine lines 4a and 4b				4c	11,319.
5a	Net gain or loss from disposition of property (see instructions)	5a				
b	Net gain or loss from disposition of property that is not subject to					
	net investment income tax (see instructions)	5b				
c	Adjustment from disposition of partnership interest or S corporation					
	stock (see instructions)	5c				
d	Combine lines 5a through 5c				5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)				6	
7	Other modifications to investment income (see instructions)				7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		******************		8	18,988.
Par	III Investment Expenses Allocable to Investment Income and	l Mod	difications			
9a	Investment interest expenses (see instructions)	9a				
b	State, local, and foreign income tax (see instructions)		4,	185.		
С	Miscellaneous investment expenses (see instructions)					
d	Add lines 9a, 9b, and 9c	***************************************			9d	4,185.
10	Additional modifications (see instructions)				10	
11	Total deductions and modifications. Add lines 9d and 10				11	4,185.
Par	III Tax Computation					
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals comp	olete lir	nes 13-			
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		*****************		12	14,803.
	Individuals:					
13	Modified adjusted gross income (see instructions)	13	11,031,	309.		
14	Threshold based on filing status (see instructions)	14	1 250.	000.1		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	10,781,	309.	28/31	
16	Enter the smaller of line 12 or line 15		******		16	14,803.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter he	re and	I	0		
	include on your tax return (see instructions)				17	563.
	Estates and Trusts:		•			
18a	Net investment income (line 12 above)	18a				
b	Deductions for distributions of net investment income and					
	deductions under section 642(c) (see instructions)	18b				
C	Undistributed net investment income. Subtract line 18b from 18a (see					
	instructions). If zero or less, enter -0-	18c				
19a	Adjusted gross income (see instructions)	19a				
b	Highest tax bracket for estates and trusts for the year (see					
	instructions)	19b				
C	Subtract line 19b from line 19a. If zero or less, enter-0-	19c				
20	Enter the smaller of line 18c or line 19c				20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038).E					
	and include on your tax return (see instructions)				21	
LHA	For Paperwork Reduction Act Notice, see your tax return instructions.					Form 8960 (2017)

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

	t I - Application of S		ctions Properly Allo		lment ı	ncome	
1.	Enter the amount of M	iscellaneous Itemized	Deductions properly				
			emized deduction limita	tions			
			ere they'll be reported):				
		Description	Line	Amount			
	(a)						
	(b)						
2.	Enter the total of all ite	ns listed in line 1			2.		
3.			ed Deductions after the				
	application of the sect	ion 67 limitation (Sche	dule A (Form 1040),				
	line 27)				3.		
4.	Enter the lesser of the	total reported on line :	2 or line 3				4.
Par	t - Application of	Section 67 Limitati	on to Specific Dedu	ctions			
<u> </u>						**************************************	
						(B)	
						IF line 3 is less than	
						line 2, THEN divide	
						line 3 by line 2 AND	
						enter the amount in	
						column (B).	(C)
						IF amounts reported	Multiply the
						on Part I, lines 2 and	individual amounts
						4 are equal, THEN	in column (A) by the
			(A)			enter 1.00 in column	amount in column
	Reen	ter the amounts and d	lescriptions from Part I,	line 1.		(B).	(B).
	•	Description	Line	Amount	-		
	(a)			***************************************	X		=
	(b)				x		=
			(0) 5 1 11 5	A			
20°		e the amounts in colur he application of the se	mn (C) on Part III, line 1,	to determine the	amouni	or these deductions th	nat are
1000	E CAC	, ,			e	0	(n.t. Ometr
	Estates or trus	ts - Enter the amounts orksheet	in column (C) in the ap	propriate location	on lines	э апа ти. Dont compl	iete Parts
	III OI IV OI IIIIO W	CITOTOL.					

723251 01-10-18

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet continued

Keep for Your Records

Par	t III - A	pplication o	f Section 68 to de	ductions prop	erly allo	cable to investm	nent	income (Individuals	Only)
fl.			Miscellaneous Itemize om column (C) of Par	•	roperty all	ocable to			
			Description	Li	ne	Amount			
	(a)								
	(b)								
2.	Enter th	he amount of	state, local, and foreig			roperty			
			nt income				2.	4,185.	
3.	Enter th	he amounts of	other Itemized Dedu	ctions subject to	the secti	on 68 limitation			
	and pro	operly allocabl	e to investment incor	ne before any ite	emized de	duction			
	limitatio	ons (Descriptio	n and Form 8960 line	e number where	they'll be	reported):			
			Description	****	ne	Amount			
	(a)								
	(b)					4.7		P. Markey C. C. A	
4.			tions properly allocal						4. 4,185.
	tne sur	n of lines 1 thi	ough 3	•••••••					4. 4,185.
_	Entart	ha amai int of	total itomizad dad:	ione reported co	Form 10	10	E	1.452.670	
O.			otal itemized deduct ed deductions allowe				5.	1,452,670.	
0.		iii other itemization:	eu deductions allowe	a but not subjec	t to the se	ection 60			
			erest Expense						
	(b) (Casualty Losse	es (other than losses	described in					
		-	1))						
			ses						
			es						
	(e) T	Total of lines 6	a) through 6(d)	*******************	***************************************		6e.		
7.	Subtra	ct line 6e from	line 5				******		7. $1,452,670$.
15.55		This is the amo	unt of itemized dedu	otione that are n	roperty alle	ncahle to investmen	ıt inc	ome after the application	of the sections 67
I	IP a	and 68 deduct	on limitations. Use Pi	art IV of this worl	ksheet to	reconcile this amou	nt to	the individual deduction	amounts reported
100		on Form 8960,	lines 9 and 10.						
_									
Par	t IV - R	leconciliatio	n of Schedule A D	eductions to	Form 89	60, lines 9 and 1	10 (11		
								(B)	
								IF Part III, line 8 is less than Part III, line 4,	
								THEN divide line 8 by	(C)
								line 4 AND enter the	Multiply the individual
								amount in column (B).	amounts in column
								IF the amounts	(A) by the amount in
								reported on Part III, lines 4 and 8 are	column (B). Enter these amounts in the
				(A)				equal, THEN enter	appropriate location
	********	Reente	r the amounts and d		Part III, li	nes 1 - 3.		1.00 in column (B).	on lines 9 and 10.
Mis	cellane	ous itemized	Deductions properly	allocable to					
inve	stment	income:							
			Description	Li	ne	Amount			
1.	(a)						X		
	(b)					4 105	X	1.0000	4 105
2.	State,	local, and for	eign income taxes			4,185.	X	T.0000	4,185.
Iten	nized De	eductions Su	ject to Section 68 i	ncluded on Line	•				
	Part III:						**		
							X		
							X		=

723252 01-10-18

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

DELAWARE - TAXPAYER

Name	(S) EPH R. BIDEN JR.	Your so	cial s	ecurity number or EIN
	Investment Income Section 6013(g) election			
	Regulations section 1.1411-10(g) election			
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)		1	3,977.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)		2	
3	Annuities from nonqualified plans	Г	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,			
	etc. (Form 1040, line 17; or Form 1041, line 5) 4a 9,496,5	17.		
b	Adjustment for net income or loss derived in the ordinary course of			
	a non-section 1411 trade or business 4b -9,490,8	357.		
c	Combine lines 4a and 4b		4c	5,660.
5a	Net gain or loss from disposition of property from Form 1040,			
	combine lines 13 and 14; or from Form 1041, combine lines 4 and 7			
b	Net gain or loss from disposition of property that is not subject to			
	net investment income tax 5b			
c	Adjustment from disposition of partnership interest or S corporation			
	stock 5c			
d	Combine lines 5a through 5c		5d	
6	Changes in investment income for certain CFCs and PFICs		6	
7	Other modifications to investment income		7	2 (27
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	9,637.
Pai	t II State Income Tax Pro-ration for 2017 Income Tax Payments			10 100 FF3
9	State total income		9	10,192,553.
10	State income tax payments for 2017 SEE STATEMENT	20	10	324,349.
11	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10		11	307.
Pai	t III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017			
12	State estimate payments for 2016		12	.041863
13	Percent of state income taxes attributable to investment income for 2016		13	*041003
14	2016 state estimate payments attributable to investment income. Line 12 times line 13		14	D-:-!: 0047
	t IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension I			290.
15	Balance of prior years tax plus extension payments paid in 2017		15	.041863
16	Percent of state income taxes attributable to investment income for 2016	ı	16 17	12.
17 D-1	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16		17	14+
	t V Reduction of State Tax Deduction		40	,
18	Reduction of state tax deduction		18	.041863
19	Percent of state income taxes attributable to investment income for 2016		20	.047000
20 Date	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	*******	20	1
21	Combine lines 11, 14, 17 and 20, Carry to Form 8960, Line 9 Worksheet, Part III, line 2	1	21	319.
an I	- Company also it, it, it did 20. Cally to i Citt Cood, Line 3 frontailed, i dit in, also		- I	

Form 8960 (2017)

Form **8960**

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

DELAWARE - SPOUSE

Name	e(s) L T. BIDEN					Y	our socia	al s	ecurity number or EIN
***************************************	t I Investment Ir	ncome	Section 6013(g) election						
1.7. A.	T. C. HILLOUGH		Regulations section 1.141	I-10(a) election					
1	Taxable interest (Form	1040, line 8a	or Form 1041, line 1)				1	Т	3,692.
2			9a; or Form 1041, line 2a)						
3									
4a			hips, S corporations, trusts,		1		(15)		
			1, line 5)	4	ia	563,5	41.		
b			rived in the ordinary course of						
				1	lb	-557,8	82.		
c			***************************************				40	:	5,659.
5a	Net gain or loss from di	isposition of p	roperty from Form 1040,				7.55A 1946		
			m 1041, combine lines 4 and	7	ia 📗			32	
b	Net gain or loss from di	isposition of p	roperty that is not subject to						
	net investment income	tax			5b				
C			ership interest or S corporatio						
	stock				ic _				
d								d	
8	Changes in investment	t income for co	ertain CFCs and PFICs				6	_	
7			come					-	
8			nes 1, 2, 3, 4c, 5d, 6, and 7				8		9,351.
Par	t II State Income	e Tax Pro-	ration for 2017 Income	Tax Payments					
9	State total income							-	778,837.
10								-	315,615.
11			ributable to investment income				1	1	3,789.
21-03-03			ration for 2016 Estimate			······································			
12	State estimate paymen	nts for 2016					1:	-	.080612
13			table to investment income for					_	.000012
14			utable to investment income. I					•	D_:J:_0047
			ration for Balance of Pi					_	958.
15			sion payments paid in 2017						.080612
16			table to investment income for						77.
17	t V Reduction of		sion payments attributable to i	nvestment income.	Line	15 times line 16	1	<u></u>	77.
2.72		·····						_	,
18	Reduction of state tax	deduction	stable to investment income for				11	_	.080612
19			stable to investment income for					-	/ .00012
20 Dat			ributable to investment income Reparts Attributable				2	<u> </u>	
21			rry to Form 8960, Line 9 Work			·····	2	4	3,866.
41	COMBINE INTO 11, 14,	ir allu zu. Ca	ity to Follit 0500, Line 9 Work	anoot, rantin, mie z			4	<u>. ا</u>	-,

Form 8960 (2017)

Shared Responsibility Payment

721636 12-26-17

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

S	tep 1 All Filers		
-	Can someone claim you	as a dependent?	
		owe a shared responsibility payment. Don't check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box	c on line 5
	X No. Continue to I		
2.		se in your tax household (see Tax household under Definitions, earlier) have qualifying health coverage	for every month of
	2017*?		•
	X Yes, Stop. You don t	owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line	11
	No. Continue to I		
	"You can check the Full-year cov care coverage for every month he	erage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person h or she was a member of your tax household.	ad qualifying health
3		n your tax household have qualifying health coverage or qualify for a coverage exemption for any mont	
•	2017?	Types and needed late qualifying needs, see a grain, the a see stage entering and men	
		any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A	
	No. Continue to li		
4.		n your tax household turn 18 during 2017?	
	Yes. Go to Works	·	
	No. Go to Step 2		
	·		
Resente	itep 2 Flat Dollar A		
1.		nber of people in your tax household who were at least 18 years old*	1
		the shared responsibility payment, an individual is considered under age 18 for an entire month if he	
		ore the first day of the month. An individual turns 18 on the anniversary of the day the individual was	
	born.		
		number of people in your tax household who were under age 18	
4.	Enter the smaller of line :	or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3	4
	tep 3 Household I		
		orm 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4	1
2.	Did you receive any tax-	·	
		t from Form 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2	2
	No. Continue to li		
3.	Did you attach Form 255		
		ount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18	3
	No. Continue to li		
4.	Did you claim any depen		
	Yes. Continue to		
		es 1 through 3. This is your household income. Enter the result on Step 4, line 1	
5.		ents you claimed required to file a return?	
		ons 1 through 3 for each dependent with a filing requirement for whom you didn t attach Form 8814. Enter the total here	5
_		rough 3. This is your household Income. Enter the result on Step 4, line 1	
6.	Did you attach Form 881		
	Yes. Continue to		
		es 1, 2, 3, and 5. This is your household income. Enter the result on Step 4, line 1	
1.	Is Form 8814, line 4, mo		
		ount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5	
ρ	No. Enter -0 Cor		٥
IJ,	Aud mics 1, 2, 3, 3, and	7. This is your household income. Enter the result on Step 4, line 1	0

Shared Responsibility Payment continued

Step 4 Percentage Income Amount	
Enter your household income from Step 3	1
2. Were you or your spouse (if filing jointly) born before January 2, 1953?	
Yes. Skip question 3. Find your filing threshold on the Filing Thresholds for Most People chart and enter it both	th here
and on line 4.	
No. Go to question 3	
Enter the amount listed below for your filing status.	3
• Single - \$10,400	
Head of household - \$13,400	
Married filing jointly - \$20,800 Married filing pointly - \$20,800	
 Married filing separately -\\$4,050 Qualifying widow(er) - \$16,750 	
Guamying widow(er) - \$10,750	
4. Enter the amount from line 2 or 3.	4
5. Subtract line 4 from line 1	5
6. Is the amount on line 5 zero or less?	
Yes. Stop. You don't owe a shared responsibility payment. Complete Form 8965 by checking the box on line 7.	
No. Continue to line 7.	
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount	7
8. Were you required to complete Worksheet A?	
Yes. Go to Worksheet B. Then continue to Step 5	_
No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete	le
line 3 of that worksheet. Then continue to Step 5.	
Step 5 National Average Bronze Plan Premium	
Step 5 National Average Bronze Plan Premium 1. Were you required to complete Worksheet A?	
Step 5 National Average Bronze Plan Premium 1. Were you required to complete Worksheet A? Yes. Continue to line 2	
Were you required to complete Worksheet A?	
 Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility 	
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3.	2
 Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility 	2
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one Individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number of the Shared Responsibility Payment Worksheet.	
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 Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one Individual for one month. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. 1 person - \$3,264 	
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one Individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. • 1 person - \$3,264 • 2 people - \$6,528	
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. • 1 person - \$3,264 • 2 people - \$6,528 • 3 people - \$9,792	
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. • 1 person - \$3,264 • 2 people - \$6,528 • 3 people - \$9,792 • 4 people - \$13,056	
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. • 1 person - \$3,264 • 2 people - \$6,528 • 3 people - \$9,792	
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. • 1 person - \$3,264 • 2 people - \$6,528 • 3 people - \$9,792 • 4 people - \$13,056 • 5 or more people - \$16,320	
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. • 1 person - \$3,264 • 2 people - \$6,528 • 3 people - \$9,792 • 4 people - \$13,056	ber of
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1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average premium for a bronze level health plan available through the Marketplace for one Individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. 1 person - \$3,264 2 people - \$6,528 3 people - \$9,792 4 people - \$13,056 5 or more people - \$16,320 Shared Responsibility Payment Worksheet Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. I everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment. Complete Step 1 1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7)	per of
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1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average permium for a bronze level health plan available through the Marketplace for one individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax househod. Then complete line 5 of the Shared Responsibility Payment Worksheet. 1 person - \$3,264 2 people - \$6,528 3 people - \$9,792 4 people - \$13,056 5 or more people - \$16,320 Shared Responsibility Payment Worksheet Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. I everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment. Complete Step 1 1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7) 1 Complete Step 3 2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14) 3. Enter the larger of line 1 or line 2	f
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2: Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet ** **272* is the 2017 national average persium for a bronze level health plan available through the Marketplace for one Individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. 1 person - \$3,264 2 people - \$6,528 3 people - \$9,792 4 people - \$13,056 5 or more people - \$16,320 Shared Responsibility Payment Worksheet Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. I everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment. Complete Step 1 1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7) 1 Complete Step 3 2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14) 2 Complete Step 5	f
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2: Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet ** **272* is the 2017 national average perium for a bronze level health plan available through the Marketplace for one Individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total number people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. 1 person - \$3,264 2 people - \$6,528 3 people - \$9,792 4 people - \$13,056 5 or more people - \$16,320 Shared Responsibility Payment Worksheet Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. I everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment. Complete Step 1 1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7) 1 Complete Step 3 2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14) 2 Complete Step 5 4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3)	f
1. Were you required to complete Worksheet A? Yes. Continue to line 2 No. Skip question 2; Go to question 3. 2. Multiply \$272* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet *\$272 is the 2017 national average plemium for a bronze level health plan available through the Marketplace for one individual for one month. 3. Enter on line 4 of the Shared Responsibility Payment Worksheet, the amount below that corresponds to the total numi people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet. 1 person - \$3,264 2 people - \$6,528 3 people - \$6,528 3 people - \$13,056 5 or more people - \$16,320 Shared Responsibility Payment Worksheet Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. I severyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2017, stop here. You don't owe a shared responsibility payment. Complete Step 1 1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7) 1. Complete Step 3 2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14) 2. Enter the larger of line 1 or line 2 Complete Step 5 4. Enter the National Average Bronze Plan Premium (From Step 5, question 2 or 3) 5. Enter the smaller of line 3 or line 4 here and on Form 10404, line 61; Form 10404, line 38; or Form 1040EZ, line 11.	f

Passive Activity Loss Limitations

See separate instructions.

➤ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form8582 for instructions and the latest information. Identifying number Name(s) shown on return JOSEPH R. BIDEN JR. & JILL T. BIDEN Part 1 2017 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, 11,319 column (a)) b Activities with net loss (enter the amount from Worksheet 1, 1b column (b)) c Prior years' unallowed losses (enter the amount from Worksheet 10 1. column (c)) 11,319. 10 d Combine lines 1a, 1b, and 1c Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a **b** Prior year unallowed dommercial revitalization deductions from 2b Worksheet 2, column (b) 2c c Add lines 2a and 2b **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, За column (a)) **b** Activities with net loss (enter the amount from Worksheet 3, Зb column (b)) c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3d d Combine lines 3a, 3b, and 3c 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on 11,319. the forms and schedules normally used If line 4 is a loss and: • Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all humbers in Part II as positive amounts. See instructions for an example. Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions 6 7 Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. 8 Subtract line 7 from line 6 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions 10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Part III | Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	

Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13

Pi	art IV	Total Losse	s Allowed		
15	Add t	he income, if any	on lines 1a and 3a and enter the total	15	
16	Total	losses allowed	from all passive activities for 2017. Add lines 10, 14, and 15. See instructions		
	to find	out how to repo	rt the losses on your tax return	16	
					F 2222 (22)

LHA 719761 10-13-17 For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2017)

Caution: The worksheets rr									
Worksheet 1 - For Fo	rm 8582, Lines 1	a, 1b, and 1c (S∈	ee instr	uctions.)		<u> </u>			
Name of a	Current year			Prior ye		Overall gain or loss			
	_	(a) Net income (line 1a)		et loss e 1b)	(c) Unalid loss (line		(d) Gain	(e) Loss	
		SEE ATTAC	HED S	TATEM	ENT FO	R WORK	SHEET :	L	
Total. Enter on Form 8582 1b, and 1c		11,319.							
Worksheet 2 - For Fo	rm 8582, Lines 2			ns.)					
Name of a	ctivity	(a) Current y deductions (li		unallo	(b) Prior y wed deducti) (c) Overall loss	
Total. Enter on Form 8582 and 2b	>	01 10 (0		<u> </u>				AND STATES	
Worksheet 3 - For Fo	orm 6362, Lines 3			uctions.)		<u> </u>			
Name of a	ctivity		nt year		Prior ye		Overal	l gain or loss	
		(a) Net income (line 3a)	(b) Net loss (line 3b)		(c) Unallowed loss (line 3c)		(d) Gain	(e) Loss	
Total. Enter on Form 8582	lines 3a.								
3b, and 3c					<u> </u>				
Worksheet 4 - Use ti	is worksheet if a	1	own on	Form 8	582, line 1	0 or 14 (S	ee instruc	etions.)	
Name of a	ctivity	Form or schedule and line number to be reported on (see instructions)	(a)	Loss	(b) Ra	tio	(c) Special allowance	(d) Subtract column (c) from column (
*									
Total	***************************************	<u> </u>	<u> </u>						
Worksheet 5 - Alloca	tion of Unallowe			ns.)		I			
Name of a	ctivity	Form or sch and line nur to be report (see instruct	mber ed on	(a) l	Loss	(b) F	latio	(c) Unallowed los	
Total									
719762 10-13-17	h		<u>-</u> _			L		Form 8582 (2	

FORM 1040	PENSIONS AND ANNUITIE	ES .	STATEMENT	
OFFICE OF PENSION	s			
AMOUNT RECEIVED NONTAXABLE AMOUN CAPITAL GAIN DIS		33,291. 169.	·	
			33,12	22.
OFFICE OF PERSONN	EL MANAGEMENT			
AMOUNT RECEIVED NONTAXABLE AMOUN CAPITAL GAIN DIS		21,839. 21,839.		
				0.
OFFICE OF PERSONN	IEL MANAGEMENT			
AMOUNT RECEIVED NONTAXABLE AMOUN CAPITAL GAIN DIS		186,764. 6,691.		
			180,0	73.
TOTAL INCLUDED	N FORM 1040, LINE 16B		213,1	95.

FODA	1 1040	SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT	3
- OIG	1 1040	BOCIAL BEORIES BANGETTS WORKSHIPET		
	CK ONLY ONE BO			
		OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)		
	MARRIED FILI			
C.		NG SEPARATELY AND LIVED WITH YOUR SPOUSE		
	AT ANY TIME			
D.	FOR ALL OF 2	ING SEPARATELY AND LIVED APART FROM YOUR SPOUSE 017		
1.		TAL AMOUNT FROM BOX 5 OF ALL YOUR		
		99 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON	44.0	- 1
	FORM 1040, L		41,0	81.
	IF YOU CH	ECKED BOX B: TAXPAYER AMOUNT 32,859. SPOUSE AMOUNT 8,222.		
_			00 5	4 1
		E 1 BY 50% (0.50)	20,5	4 L .
3.		NTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14,		
		THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT	11,002,8	3 2
4		AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 DUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED	11,002,0	J
4.		IGN HOUSING, INCOME FROM U.S. POSSESSIONS,		
		OM PUERTO RICO BY BONA FIDE RESIDENTS OF		
		THAT YOU CLAIMED		
5.	ADD LINES 2,		11,023,3	73.
		NTS ON FORM 1040, LINES 23 THROUGH LINE 32,	,,,,,	
•	AND ANY WRITE	E-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED		
	LINE NEXT TO		6,4	42.
7.		E 6 FROM LINE 5	11,016,9	31.
8.	ENTER: \$25	,000 IF YOU CHECKED BOX A OR D, OR		
	\$32	,000 IF YOU CHECKED BOX B, OR		
		- IF YOU CHECKED BOX C	32,0	00.
9.		ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?		
		P. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE		
		PER -0- ON FORM 1040, LINE 20B. IF YOU ARE		
		NG SEPARATELY AND YOU LIVED APART FROM YOUR		
	SPOUSE FOR A	L OF 2017, BE SURE YOU ENTERED 'D' TO THE		
		WORD "BENEFITS" ON LINE 20A.	10 004 0	21
10	[X] YES. SUB	FRACT LINE 8 FROM LINE 7	10,984,9	эт.
10.		IF YOU CHECKED BOX A OR D, O IF YOU CHECKED BOX B		
	\$-0-	IF YOU CHECKED BOX C	12,0	oo.
11.		E 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	10,972,9	
		ALLER OF LINE 9 OR LINE 10	12,0	
	ENTER ONE HA		6,0	
		ALLER OF LINE 2 OR LINE 13	6,0	
		E 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	9,326,9	91.
16.	ADD LINES 14	AND 15	9,332,9	91.
17.	MULTIPLY LIN	E 1 BY 85% (.85)	34,9	19.
18.	TAXABLE BENE	FITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	34,9	19.
		THIS AMOUNT ON FORM 1040, LINE 20B	0-/5	

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 1040 STATE AND I	LOCAL INCOME TAX	REFUNDS	STATEMENT	4
	2016	2015	2014	
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	VIRGINIA 561.			
NET TAX REFUNDS VIRGINIA	561.			
TOTAL NET TAX REFUNDS	561.			

FOR	M 1040	PERSONAL EXEM	PTION WORKSHE	ET	STATEMENT	5
		1040 20	1/0DD MV1111 M			
1.		ON FORM 1040, LINE 38	, MORE THAN T	HE AMOUNT SH	OMN ON TINE	: 4
		R FILING STATUS?	OMAT AUDIDED O	E EVENDETONG	OT A TWED	
		LTIPLY \$4,050 BY THE T			CLAIMED	
		1040, LINE 6D, AND ENT	ER THE RESULT	ON LINE 42.		
•	YES. CONTINUE	-	05 BUENDETON	.a. a		
2.		50 BY THE TOTAL NUMBER	OF EXEMPTION	S CLAIMED	0 1	^ ^
_	ON FORM 1040,		20	44 024 200	8,1	.00.
3.	ENTER THE AMO	OUNT FROM FORM 1040, LI	NE 38			
4.		OUNT FOR YOUR FILING ST		313,800.		
	SINGLE		\$261,500			
		ING JOINTLY OR WIDOW(E				
		ING SEPARATELY				
_		JSEHOLD	\$287,650			
5.		4 FROM LINE 3. IF THE				
		22,500 (\$61,250 IF MARR		10 515 500		
_		STOP. ENTER -0- ON LIN		10,717,509.		
6.		BY \$2,500 (\$1,250 IF				
		TELY). IF THE RESULT				
		INCREASE IT TO THE NE				
		(FOR EXAMPLE, INCREASE	0.0004			
_	TO 1)			•		
7.		E 6 BY 2% (.02) AND ENT	ER THE RESULT			
	AS A DECIMAL					
8.	MULTIPLY LINE	Z AN LINE /				
9.	SIIBTEACT LINE	8 FROM LINE 2. TOTAL	Ͳ Ω ϜΩ ΡΜ 1040	T.TNE 12		

		-			
FORM 1040	TAXABLE STATE AND	LOCAL INCOME	TAX REFUNDS	STATEMENT	6
		2016	2015	2014	
NET TAX REFUNDS LOCAL INCOME TA	FROM STATE AND X REFUNDS STMT.	561.			
	BENEFIT DUE TO AMT BENEFIT REDUCTION	561.			
1 NET REFUNDS	FOR RECALCULATION				
BEFORE PHAS	T SUBJ TO PHASEOUT	58,117.			
6 MULT LN 5 BY	LINES 3 AND 4 APPL SEC. 68 PCT	58,117. 46,494.			
7 PRIOR YEAR A 8 ITEM. DED. P	HASEOUT THRESHOLD	396,456. 311,300.			
(IF ZERO OR 10 THROUGH 1	E 8 FROM LINE 7 LESS, SKIP LINES 5, AND ENTER	85,156.	· · · · · · · · · · · · · · · · · · ·		
10 MULT LN 9 BY 11 ALLOWABLE IT	LINE 1 ON LINE 16) APPL SEC. 68 PCT EMIZED DEDUCTIONS THE LESSER OF	2,555. 55,562.			
	T SUBJ TO PHASEOUT				
13B PRIOR YR. ST	TEMIZED DEDUCTIONS D. DED. AVAILABLE LOWABLE ITEM. DED.	55,562. 15,100. 55,562.			
	GREATER OF LINE 13B FROM LINE 14				
(LESSER OF I 17 ALLOWABLE PR	INE 15 OR LINE 1) IOR YR. ITEM. DED. ID. DED. AVAILABLE	55,562. 15,100.			
20 LESSER OF LI	E 18 FROM LINE 17 THE 16 OR LINE 19 CAXABLE INCOME	40,462.			
22 AMOUNT TO IN * IF LINE 21	ICLUDE ON FORM 1040, IS -0- OR MORE, USE IS A NEGATIVE AMOUN	LINE 10 AMOUNT FROM			0 .
STATE AND LO	CAL INCOME TAX REFUN	DS PRIOR TO 2	014		
TOTAL TO FOR	M 1040, LINE 10				0.

FORM 1040		IRA	DISTRIBUTI	ONS			STATE	MENT	7
NAME OF PAYER						ROSS RIBUTION	TAXABL	e amo	UNT
WELLS FARGO CLEARING	3			-		961.		9	61.
TOTAL TO FORM 1040,	LINE	15 .				961.		9	61.
FORM 1040	W	AGES RECEI	VED AND TAX	ES W	ІТННЕІ	LD	STATE	MENT	8
T S EMPLOYER'S NAME		AMOUNT PAID	FEDERAL TAX WITHHELD	T	ATE AX HHELD	CITY SDI TAX W/H	FICA TAX	MEDIC TA	
S NORTHERN VIRGINIA COMMUNITY OFFICE THE CONTROLLER T TRUSTEES OF THE UNIVERSITY OF	OF	90,132.	14,037.	4	,571.		6,189.	1,4	47.
PENNSYLVANIA T CELTICCAPRI CORP S GIACOPPA CORP T UNITED STATES SENA	ATE	371,159. 145,833. 100,000. 12,963.	95,923. 31,170. 3,847.		,067. ,653.		7,886. 7,886. 6,200. 804.	2,1 1,4	
TOTALS	_	720,087.	144,977.	43	,987.		28,965.	12,1	22.

FORM	1040 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET	STATEMENT 9
	SEPH R. BIDEN JR.	
CI	LTICCAPRI CORP	
1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	6,430.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	145,833.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	
4	DIVIDE LINE 2 BY LINE 3	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	
6	LINE 4 TIMES LINE 5	
7	LINE 2 MINUS LINE 6	
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	145,833.
10	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	
11	LINE 9 MINUS LINE 10	145,833.
12	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	6,430.

		_		
FORM 1040	EXCESS SOCIAL SECURITY TAX WORKSHEE	T STA	TEMENT	10
		TAXPAYER	SPOUSE	Ē
THAN \$7,886.40 BE SHOWN IN BO TOTAL HERE	SECURITY TAX WITHHELD BUT NOT MORE FOR EACH EMPLOYER (THIS TAX SHOULD X 4 OF YOUR W-2 FORMS). ENTER THE	16,576.	12,38	39.
	LLECTED SOCIAL SECURITY TAX ON TIPS OR E INSURANCE INCLUDED IN THE TOTAL ON E 62			
3. ADD LINES 1 AN	D 2	16,576.	12,38	39.
4. SOCIAL SECURIT	Y TAX LIMIT	7,886.	7,88	36.
	4 FROM LINE 3. EXCESS SOCIAL SECURITY N FORM 1040, LINE 71.	8,690.	4,50)3.
FORM 1040	FEDERAL INCOME TAX WITHHELD	STA	TEMENT	11
T S DESCRIPTION			AMOUNT	
	NATE L ASSOCIATION NS NEL MANAGEMENT FORM 1099-SSA		14,03 95,92 31,13 3,84 2,73 21,53 7,34 1,54	23. 70. 47. 60. 38.
TOTAL TO FORM 1040			178,19	98
FORM 1040	OTHER TAXES	STA	TEMENT	12
DESCRIPTION			AMOUNT	
FROM FORM 8959 FROM FORM 8960			4,3	25 d
TOTAL TO FORM 1040	, LINE 62		4,8	88

GGUIDIU F. 3	Gm. mp. 11	ND LOCAL INCOME	ma v n a	OMA MENTENTA	1 2		
SCHEDULE A	STATEMENT	13					
DESCRIPTION				AMOUNT			
OFFICE OF PENSIO					15.		
FROM K-1 - CELTI				3,2			
NORTHERN VIRGINIA			OLLER	4,5			
TRUSTEES OF THE	UNIVERSITY OF PE	NNSYLVANIA		30,0 8,6			
CELTICCAPRI CORP	13 MD						
UNITED STATES SEIDELAWARE PRIOR Y		NID.		0	96.		
EXTENSION PAYME		מאא		2	90.		
DELAWARE 4TH QTR		TO - TAYDAVER		315,0			
CALIFORNIA FORM				43,7			
DELAWARE PRIOR Y				20 / .	-		
EXTENSION PAYME				9	58.		
DELAWARE 4TH QTR		rs - spouse		315,0	00.		
TOTAL TO SCHEDUL	722,8	98.					
SCHEDULE A	CA	CASH CONTRIBUTIONS					
DESCRIPTION		AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT	1		
CATHOLIC DIOCESE	OF WILMINGTON		25,000.				
NORTHERN VIRGINI							
COLLEGE EDUCATION	N FOUNDATION,						
INC.			11,200.				
ST. JOSEPH ON TH			25,000.				
UNITED SERVICE OF	RGANIZATIONS,		862.				
WESTMINSTER PRES	RVTEDIAN CUIDCU		1,600.				
WEST END NEIGHBO			1,000:				
INC.	moob moobl,		50,000.				
MOTORCYCLE RELIE	F PROJECT		2,000.				
UNITED JEWISH FE			•				
CHICAGO			180,000.				
DELAWARE BOOTS OF	N THE GROUND		10,000.				
BOYS AND GIRLS C	LUBS OF THE						
VIRGIN ISLANDS			5,000.				
SANDY HOOK PROMI	SE FOUNDATION,		F 000				
INC.			5,000.				
DELAWARE ASSOCIA			100.				
KINGSWOOD COMMUN			160,000.				
DELAWARE CENTER INC.	FOR DUSTICE,		120,000.				
THC.			120,000.				

JOSEPH R. BIDEN JR. & JILL T. BIDEN

DELAWARE DIVISION OF PARKS AND		
RECREATION	2,000.	
THE JOSEPH BIDEN FOUNDATION	100,000.	
COMMUNITY LEGAL AID SOCIETY,	·	
INC.	50,000.	
HUMAN RIGHTS CAMPAIGN FOUNDATION	25,000.	
MISSION K9 RESCUE	3,000.	
SAVE THE CHILDREN FOUNDATION,		
INC.	15,000.	
CRANSTON HEIGHTS FIRE COMPANY		
NO. 1	15,000.	
DELAWARE TECHNICAL COMMUNITY		
COLLEGE EDUCATIONAL FOUNDATION	50,000.	
NANTUCKET DREAMLAND FOUNDATION	5,000.	
BEAU BIDEN FOUNDATION FOR THE		
PROTECTION OF CHILDREN	150,000.	
TRAGEDY ASSISTANCE PROGRAM FOR		
SURVIVORS	3,000.	
-		
SUBTOTALS	1,013,762.	
TOTAL TO SCHEDULE A, LINE 16		1,013,762.

SCHEDULE A ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	15
1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28.	1,774,1	95.
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT	_,,_	
LOSSES INCLUDED ON LINE 28 AND ANY QUALIFIED CONTRIBUTIONS INCLUDED ON LINE 16.		0.
3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29.		
IF YES, SUBTRACT LINE 2 FROM LINE 1.	1,774,1	95.
4. MULTIPLY LINE 3 BY 80% (.80). 1,419,356. 5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. 11,031,309. 6. ENTER \$313,800 IF MARRIED FILING JOINTLY OR		
QUALIFYING WIDOW(ER); \$287,650 IF HEAD OF HOUSEHOLD; \$261,500 IF SINGLE; OR \$156,900		
IF MARRIED FILING SEPARATELY. 313,800. 7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5?		
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29.		
IF YES, SUBTRACT LINE 6 FROM LINE 5. 10,717,509.		
8. MULTIPLY LINE 7 BY 3% (.03). 321,525. 9. ENTER THE SMALLER OF LINE 4 OR LINE 8.	321,5	25.
10. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29.	1,452,6	70.
GOVERNMENT OF THE STREET, THE		1.6
SCHEDULE C-EZ GROSS RECEIPTS	STATEMENT	16
DESCRIPTION	AMOUNT	
GROSS RECEIPTS	8	62.
TOTAL TO SCHEDULE C-EZ, LINE 1	8	62.

SCHEDULE SE	STATEMENT	17			
DESCRIPTION				AMOUNT	
AUTHOR				8	62.
TOTAL TO SCHEDULE	SE, LINE 2			8	62.
FORM 6251	PASS	IVE ACTIVITIES		STATEMENT	18
		NET INCOM	E (LOSS)		
NAME OF ACTIVITY	FORM	TMA	REGULAR	ADJUSTMEN	T
COTTAGE - WILMING DE TOTAL TO FORM 625		11,319.	11,319.		
FORM 8960	TRADE C	R BUSINESS INCO	ME	STATEMENT	19
CELTICCAPRI, CORP GIACOPPA CORP				-9, 4 90,8 -557,8	
AMOUNT TO FORM 89	50, LINE 4B			-10,048,7	39.
FORM 8960	STATE IN	COME TAX PAYMEN	TS	STATEMENT	20
DELAWARE					
DESCRIPTION				AMOUNT	
CELTICCAPRI CORP UNITED STATES SEN. 4TH QUARTER ESTIM		·			53. 96.
TOTAL TO STATE FO	RM 8960, LINE 10			324,3	49.

JOSEPH R. BIDEN JR. & JILL T. BIDEN

FORM 8960	STATE	INCOME	TAX	PAYMENTS	STATEMENT	21
DELAWARE						
DESCRIPTION					AMOUNT	
OFFICE OF PENSIONS 4TH QUARTER ESTIMA					6 315,0	15. 00.
TOTAL TO STATE FOR	M 8960, LINE 10)			315,6	15.

			-			
FORM 8582	ACTIVE R	ENTAL OF R	EAL ESTA	ATE - WORKSHE	ET 1 STAT	TEMENT 22
		CURRENT YE	AR	PRIOR YEAR	OVERALL GA	IN OR LOSS
NAME OF ACTIVITY	NET II	NCOME NE	T LOSS	UNALLOWED LOSS	GAIN	LOSS
COTTAGE -						
WILMINGTON, DE	11	,319.	0.		11,319.	
TOTALS	11	,319.	0.		11,319.	
R R E A NAME	FORM OR	GAIN/LOSS	PRIOR	NET O GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
				— GAIN/LOSS		
X COTTAGE -	SCH E					
WILMINGTON, DE		11,319.		11,319	•	
TOTALS		11,319.		11,319	•	
PRIOR YEAR CARRYOV	ERS ALLOW	ED DUE TO	CURRENT	YEAR NET ACT	VITY INCOME	E
TOTAL						

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

GO to www.iis.gov/Folili1040X	IUI IIIS	uucuons anu the lai	rear II	normanon.		1	
This return is for calendar year 2017 2016	2	015 2014					
Other year. Enter one: calendar year or fiscal year (month	n and ye	ar ended):			·		
	ast nan	ne IJR.			Your s	ocial security number	
	ast nan				Spouse's social security number		
Current home address (number and street). If you have a P.O. box, see	e instruc	ctions.	/	Apt. no.	Your p	hone number	
City, town or post office, state, and ZIP code. If you have a foreign add WILMINGTON, DE	dress, a	so complete spaces	belov	v (see înstruction	ons).		
Foreign country name	Foreig	n province/state/cou	nty		Foreign	postal code	
Amended return filing status. You must check one box even if you a status. Caution: In general, you can't change your filing status from a returns after the due date.	re not c joint ret	hanging your filing um to separate		l-year coverag		ehold have full-	
				•			
		III IS a CI IIIU DULI IIOL				th care coverage,	
X Married filing jointly your dependent, see instructions.	,		cne			eck "No." See instr.	
Married filing separately Qualifying widow(er)	····		L	X Ye		No No	
Use Part III on page 2 to explain any changes		A. Original amoust or as previously adjusted		B. Net chan amount of inc or (decreas	rease se) -	C. Correct amount	
Income and Deductions		(see instructions	1	explain in Pa	4/L III		
1 Adjusted gross income. If a net operating loss (NOL) carryback	٦١.	11 010 3	46	12	963.	11 021 200	
is included, check here	ᆚ	11,018,3			693.	11,031,309. 1,452,670.	
2 Itemized deductions or standard deduction							
3 Subtract line 2 from line 1	. 3	9,562,98	3.	15,	656.	9,578,639.	
4 Exemptions. If changing, complete Part I on page 2 and enter		7					
the amount from line 29		0 550 00	<u>-</u>	15		0 570 630	
5 Taxable income. Subtract line 4 from line 3	. 5	9,562,98	3.	15,	656.	9,578,639.	
Tax Liability							
6 Tax. Enter method(s) used to figure tax: TCW	6	3,732,17	2.	6,	200.	3,738,372.	
7 Credits. If a general business credit carryback is included,							
check here	_ 7						
8 Subtract line 7 from line 6. If the result is zero or less, enter-0-	. 8	3,732,17	2.	6,	200.	3,738,372.	
9 Health care: individual responsibility (see instructions)	9						
10 Other taxes		6,15	1.		117.	6,268.	
11 Total tax. Add lines 8, 9, and 10		3,738,32	3.	6,	317.	3,744,640.	
Payments							
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	186,74	0.	4.	651.	191,391.	
13 Estimated tax payments, including amount applied from prior	· 💳						
year's return	13		l		,		
14 Earned income credit (EIC)	*		\dashv				
15 Refundable credits from: Schedule 8812 Form(s) 2439 4136 8863 8865 8862 or							
other (specify):	15						
16 Total amount paid with request for extension of time to file, tax pai		nácinal ratum and					
1 177		_			40	3,551,583.	
						3,742,974.	
17 Total payments. Add lines 12 through 15, column C, and line 16			•••••		. 17	3,144,314.	
Refund or Amount You Owe		1 to 46 - 100					
18 Overpayment, if any, as shown on original return or as previously a						2 740 074	
19 Subtract line 18 from line 17 (If less than zero, see instructions.)						3,742,974.	
20 Amount you owe. If line 11, column C, is more than line 19, enter						1,666.	
21 If line 11, column C, is less than line 19, enter the difference. This							
22 Amount of line 21 you want refunded to you					. 22		
23 Amount of line 21 you want applied to your (enter year):	esti	mated tax 23					
				Complet	e and siç	ın this form on Page 2.	

FORM 1040X STATEMENT 1

A \$3,000 CHARITABLE CONTRIBUTION TO THE TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS WAS ACCIDENTALLY DEDUCTED TWICE ON THE ORIGINAL RETURN. THE EXTRA \$3,000 HAS BEEN REMOVED FROM SCHEDULE A.

THE TAXPAYER WAS AN EMPLOYEE OF THE U.S. GOVERNMENT DURING THE FIRST THREE WEEKS OF 2017, AFTER WHICH TIME HE LEFT OFFICE AND CHANGED RESIDENCE. IT DOES NOT APPEAR THAT THE TAXPAYER RECEIVED A W-2 REFLECTING THE INCOME RECEIVED DURING THOSE THREE WEEKS AND THE ASSOCIATED FEDERAL AND STATE TAX WITHHOLDINGS.

ACCORDINGLY, THE RETURN HAS BEEN AMENDED TO REPORT ADDITIONAL SALARY OF \$12,963, ADDITIONAL FEDERAL WITHHOLDING OF \$3,847 AND ADDITIONAL SOCIAL SECURITY TAXES OF \$804. ALSO, AN ADDITIONAL \$696 OF STATE INCOME TAXES, REFLECTING THE STATE TAX WITHHELD, HAVE BEEN DEDUCTED ON SCHEDULE A.

BECAUSE OF THE INCREASE IN ADJUSTED GROSS INCOME, THE SCHEDULE A LIMITATION ON DEDUCTIONS HAS INCREASED BY \$389.

THE INCREASE IN MEDICARE WAGES HAS INCREASED THE ADDITIONAL MEDICARE TAX, AS SHOWN ON FORM 8959, BY \$117.

§ 7U4U	U	.S. Ind	lividual Incom	e Tax Retur	n ⁽³⁾ 207/	OMB N	o. 1545-0074	IRS Use On	y - Do no	write or	staple in this st	sace.	
For the year Jan. 1-De	c. 31, 2	017, or ott	er tax year beginning			, 2017, er	nding		20		See separate	instr	uctions.
Your first name and	initia			Last name						,	our social secu	rity nun	nber
JOSEPH R.	•			BIDEN JE	.								
If a joint return, spo	use's	first nam	e and initial	Last name						1	Spouse's social :	security	y number
JILL T.				BIDEN									
Home address (nur	nber a	ind street). If you have a P.O.	box, see instruction	ons.				Apt. no		Make sure that and on line 6	ie SSN(ic are c	(s) above correct.
City, town or post offic	e, state	, and ZIP (ode. If you have a forei	gn address, also com	plete spaces below.						Presidential Elec	tion Ca	ımpaign
WILMINGTO	ON.	DE									Check here if you if filing jointly, wa this fund. Check	ant \$3 t	ur spouse lo go to
Foreign country nai				Foreign	province/state/count	ty		Foreign	postal c	ode	inis fund. Checki will not change y	our tax	or refund.
									•	[X You	X	Spouse
Filing Status	1		ngle			4				•	g person). If t	•	
9	2		rried filing jointly (e	•	•				ut not yo	our dep	endent, enter	this cl	hild's
Check only	3		rried filing separate	•	SSN above			here.					
one box.	_		d full name here.			5		ying widow(er) (see i	nstruc	lions) Boxes che	ecked	
Exemptions				can claim you as a	a dependent, do no t cl	heck box t	ja				on 6a and	6b	
•			ouse				(S) E	Dependent's		(4)√तक	No. of chi		
	C	Depend (1) First n		Last name	(2) Dependent's se security number			itionship to	1	inder age rainying lo	17 • lived w		
		(I) FRSt II	anie	Last name				you		tax credi	you due to or separat	o divord tion	ce
If more than face											(see instru	ections))
If more than four dependents, see											Depender		
instructions and check here	¬ ·										not entere		
Chock hore	ے اہ	Total n	umber of exemption	s claimed							on lines	>	2
<u></u>	7	Wanes	salaries tins etc.	Attach Form(s) W-	2			STM	T 8	7		20.	087.
Income	8a				ed					8a			669.
	b		cempt interest. Do n			1	8b	***********	*********			<u> </u>	
Attach Form(s) W-2 here. Also	9a				uired					9a			
attach Forms	b		and and any and an area.			1	9b	*************	*******				
W-2G and	10	Taxabl			nd local income taxes		TMT 4	STMI	6	10	1		0.
1099-R if tax was withheld.	11									11			
	12	Busine	ss income or (loss).	Attach Schedule	C or C-EZ	**********	***********		*******	12		1	862.
If you did not	13				quired. If not required					13			
get a W-2,	14	Other (gains or (losses). At	ach Form 4797						14	ļ		
see instructions.	15a		stributions				Taxable am			15b			961.
	16a		ns and annuities		241,89		Taxable am			16b			195.
	17				corporations, trusts, e	itc. Attach	Schedule E			17	10,06	,0,	058.
	18		ncome or (loss). Att	,						18			
	19		oloyment compensal		41 00	1	· · · · · · · · · · · · · · · · · · ·			19) A	010
	20a		security benefits	***************************************	41,00	T • 0	Taxable am	ount		20b	-)4,	919.
	21		ncome. List type and		for lines 7 through 2	4 This is a	cour detail in			21	11,03	17	751
	22						23	come		22	11,00	,,,	/ / / .
Adjusted	24	Certain	business expenses of re	eservists, performing	artists, and fee-basis gov	ernment	24		······································	-			
Gross	25				rm 8889		25						
Income	26		g expenses. Attach F				26						
	27		- '	1,1,1,1,1	ch Schedule SE		27		12.				
	28				lans		28		***************************************				
	29						29	6,	430.				
	30						30						
	31a				<u> </u>		31a						
	32	IRA de	duction				32						
	33	Studer	nt loan interest dedu	ction			33						
	34						34						
	35				tach Form 8903		35			-		•	440
	36									36	11,03		442.
710001 02-22-18	37	Sudira	crame so from line 2	ZZ. TIIIS IS YOUF ac	ljusted gross income			************		37	TIT'O	<i>,</i> 1	JUJ.

Form 1040 (2017	١ ر	OSRPH R. BIDEN JR. & JILL T. BIDEN		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	11,031,309.
Credits		a Check X You were born before January 2, 1953, Blind. Total boxes	1	
Standard		if: Spouse was born before January 2, 1953, Blind. shecked > 39a 2		1
Deduction for - People who		Management Management and American Amer	┨ .	
check any box on line 39a or 39b 07 who can				4 450 650
39b Of who can	40	itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	1,452,670.
be claimed as a dependent, see	41	Subtract line 40 from line 38	41	9,578,639.
instructions.	42	Exemptions, if line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst.	42	0.
	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	9,578,639.
	44	Tax Check if any from: a Form(s) 8814 b Form 4972 c	44	3,738,372.
	45	Alternative minimum tax. Attach Form 6251	45	
All others:	48	Excess advance premium tax credit repayment. Attach Form 8982	48	
Single or Married filing	47	Add lines 44, 45, and 46	47	3,738,372.
separately, \$6.350	48	Foreign tax credit. Attach Form 1116 if required 48	4/	3,730,372.
Married filing	49		1	
Jointly or		Gredit for child and dependent care expenses. Attach Form 2441	1	
Custifying widow(er),	50	Education credits from Form 8863, line 19 50		
\$12,700	51	Retirement savings contributions credit. Attach Form 8880		
Head of household.	52	Child tax credit. Attach Schedule 8812, if required		
\$9,350	53	Residential energy credits. Attach Form 5695	7.	
	54	Other credits from Form: a 3800 b 8801 5 54	Ι,	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter-0-	56	3,738,372.
	57	Salf-Armelousment fray Attent Schoolule CE		23.
Other	58	Self-employment tax. Attach Schedule SE Unreported social security and Medicare tax from Form: a 4137 b 8919	57	63.
Taxes		Charles access access to a madicial a sex from Louis and a sex a s	58	
IONOS	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	RUS	Household amployment taxes from Schedule H	60a	1,357.
,	b	First-lime homebuyer credit repayment. Attach Form \$405 If required	60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage X Taxes from: a X Form 8959 b X Form 8960 c Inst; enter code(s)	81	
	62	Taxes from: a X Form 8959 b X Form 8960 c Inst.; enter code(s)	62	4,888.
	63	Add lines 56 divough 62. This is your total tax	63	3,744,640.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 84 178, 198.	•	
-	65	2017 estimated tax payments and amount applied from 2016 return 65		
If you have a		The state of the s		
	DDa	Earned Income credit (FIC)		
qualifying child attach	ooa	Earned Income credit (EIC)		
child, attech Schedula EIC.	b	Nontaxable combat pay election 666		
child, attach	67	Nontaxable combat pay election 66b 67		
child, attach	67 88	Nontabable combat pay election 66b 67 Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68		
child, attach	67 88 89	Nontabable combat pay election 66b 67 Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69		
child, attach	67 88 89 70	Nontaxable combat pay election 66b 67 Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 68 Amount paid with request for extension to file 70		
child, attach	67 88 69 70 71	Nontaxable combat pay election 66b 67 Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13,193.		·
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child, attach	67 88 89 70 71 72	Nontebable combat pay election 66b 67 Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8952 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13,193.		·
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child, attach	67 88 88 70 71 72 73 74	Nontaxable combat pay election 66b 67 Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13,193. Credit for federal tax on fuels. Attach Form 4136 72	74 75	191,391.
ched, attach Schedula EIC.	67 88 88 70 71 72 73 74	Nontaxable combat pay election 66b Additional child tax cradit. Attach Schedule 8812 67 American opportunity cradit from Form 8863, line 8 63 Net premium tax cradit. Attach Form 8952 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13,193. Cradit for federal tax on fuels. Attach Form 4136 72 Cradits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	191,391.
Refund Direct deposit?	67 88 88 70 71 72 73 74 75 78a	Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 63 Net premium tax credit. Attach Form 8952 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13, 193. Credit for federal tax on fuels. Attach Form 4136 72 Credits from Form: a 2439 b Reserved 8885 d 73 Add lines 84, 85, 86a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here		191,391.
ched, attach Schedula EIC.	67 88 88 70 71 72 73 74 75 76a	Nontabable combat pay election 66b Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 63 Net premium tax credit. Attach Form 8952 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 1.3 , 193 . Credit for federal tax on fuels. Attach Form 4136 72 Credit from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you everpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 64 in number 65 in n	75	191,391.
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Refund Direct deposit? See instructions.	67 88 68 70 71 72 73 74 75 76a b 77 78	Nontaxable combat pay election 66b Additional child tax cradit. Attach Schedule 8812 67 American opportunity cradit from Form 8863, line 8 63 Net premium tax cradit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13, 193. Cradit for federal tax on fuels. Attach Form 4136 72 Cradits from Form: a 2439 b Reserved 8885 d 73 Add lines 84, 85, 86a, and 87 through 73. These are your total payments 16 line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 8000 on the file 75 you want applied to your 2018 estimated tax 77 Amount of line 75 you want applied to your 2018 estimated tax 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	75	191,391. 3,553,249.
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Refund Direct deposit? See instructions. Amount You Owe Third Paris	67 88 88 70 71 72 73 74 75 76a b 77 78 79	Nontaxable combat pay election 66b Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13,193. Credit for federal tax on fuels. Attach Form 4136 72 Credit from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments 16 tine 74 is more than line 63, subtract line 63 from line 74. This is the amount you everpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 800 from the 75 you want applied to your 2018 estimated tax 77 Amount of line 75 you want applied to your 2018 estimated tax 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 57 Estimated tax penalty (see Instructions) 79	75 78a 78	3,553,249.
Refund Direct deposit? See Instructions. Amount You Owe Third Party Designee	67 68 68 70 71 72 78 74 75 78 8 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Nontexable combat pay election 66b Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13,193. Credit for federal tax on fuels. Attach Form 4136 72 Credit from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments file 74 is more than line 63, subtract line 63 from line 74. This is the amount you everpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 80 Amount of line 75 you want applied to your 2018 estimated tax 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 50 you want to allow another person to discuss this return with the IRS (see Instructions)? X Yea. Campleta belongers 100 100 100 100 100 100 100 100 100 10	75 76a 78	3,553,249.
Refund Direct deposit? See Instructions. Amount You Owe Third Party Designee Sign	67 88 88 70 71 72 73 74 75 76 8 77 78 8 9 9 9 9	Nontaxable combat pay election 66b Additional child tax cradit. Attach Schedule 8812 67 American opportunity cradit from Form 8863, line 8 63 Net premium tax cradit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13, 193. Cradit for federal tax on fuels. Attach Form 4136 72 Cradits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 8000 100 100 100 100 100 100 100 100 10	75 76a 78	3,553,249.
Refund Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here	67 88 88 70 71 72 73 74 75 76 8 77 78 8 9 9 9 9	Nontexable combat pay election 66b Additional child tax cradit. Attach Schedule 8812 67 American opportunity cradit from Form 8863, line 8 63 Net premium tax cradit. Attach Form 8952 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13, 193. Cradit for federal tax on fuels. Attach Form 4136 72 Cradits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 8000 and 1000 and 1	75 78a 78 Personal	3,553,249.
Refund Direct deposit? See Instructions. Amount You Owe Third Parit Designee Sign Here John return? See Instructions.	67 88 88 70 71 72 73 74 75 78 8 9 77 78 78 78	Nontexable combat pay election 66b Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 Net premium tax credit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13, 193. Credit for federal tax on fuels. Attach Form 4136 72 Credits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 80000000 Amount of line 75 you want applied to your 2018 estimated tax 77 Amount of line 75 you want applied to your 2018 estimated tax 77 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 79 Estimated tax penalty (see instructions) 79 Toyou want to allow another person to discuss this return with the IRS (see instructions)? X Yes, Complete belong the second proper (other than bayery) is based on all internation of which prepare that Committee of the line of the based of your local payment (other than bayery) is based on all internation of which prepare that Committee of the line of the lin	75 78a 78 Personal	3,553,249. Ne Indontification Pilot
Refund Direct deposit? See Instructions. Amount You Owe Third Party Designee Sign Here Joint return? See Instructions. Keep a copy for years	67 88 88 70 71 72 73 74 75 78 8 9 77 78 78 78	Nontexable combat pay election 66b Additional child tax cradit. Attach Schedule 8812 67 American opportunity cradit from Form 8863, line 8 63 Net premium tax cradit. Attach Form 8952 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13, 193. Cradit for federal tax on fuels. Attach Form 4136 72 Cradits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 8000 and 1000 and 1	78 78a 78 78 78 78 78 78 78 78 78 78 78 78 78	3,553,249. Ne Macontification Macontificati
Refund Direct deposit? See Instructions. Amount You Owe Third Party Designee Sign Here Joint return? See Instructions.	67 88 88 70 71 72 73 74 75 78 8 9 77 78 78 78	Nontexable combat pay election 66b Additional child tax cradit. Attach Schedule 8812 67 American opportunity cradit from Form 8863, line 8 63 Net premium tax cradit. Attach Form 8962 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13, 193. Cradit for federal tax on fuels. Attach Form 4136 72 Cradits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 8000 of line 75 you want applied to your 2018 estimated tax Amount of line 75 you want applied to your 2018 estimated tax To Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions) 79 To you want to allow another person to discuss this return with the IRS (see instructions)? WALFER H DEYHLE, CPA 70 These 70 To your occupation 100 Your occupation 100 VICE PRESIDENT	78 78a 78 Personal tumber of tumber	3,553,249. No No Print No Pri
Refund Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See Instructions. Keep a copy for years records.	67 88 88 70 71 72 73 74 75 76 8 9 77 78 78	Nontexable combat pay election 66b Additional child tax cradit. Attach Schedule 8812 67 American opportunity cradit from Form 8863, line 8 63 Net plemium tax cradit. Attach Form 8952 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13,193. Cradit for federal zax on fuels. Attach Form 4136 72 Cradits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 8000 100 100 100 100 100 100 100 100 10	78 78a 78 Personal tumber of tumber	3,553,249. No leterit/heatien
Refund Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See lastructions. Keep a copy for your records. Paid	67 88 88 70 71 72 73 74 75 76 8 9 77 78 78	Nontexable combat pay election 66b Additional child tax cradit. Attach Schedule 8812 67 American opportunity cradit from Form 8863, line 8 63 Net premium tax cradit. Attach Form 8952 69 Amount paid with request for extension to file 70 Excess social security and tier 1 RRTA tax withheld 71 13, 193. Cradit for federal tax on fuels. Attach Form 4136 72 Cradits from Form: a 2439 b Reserved 8885 d 73 Add lines 64, 65, 66a, and 87 through 73. These are your total payments If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 8000 100 100 100 100 100 100 100 100 10	78 78a 78 78 78 78 78 78 78 78 78 78 78 78 78	3,553,249. No leterative state of the state
Refund Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See Instructions. Keep a copy for your neords. Paid Preparer	67 88 68 70 71 72 78 74 75 76 8 77 78 78	Nontexable combat pay election 666 Additional child tax credit. Attach Schedule 8812 67 American opportunity credit from Form 8863, line 8 68 68 68 68 68 68 68	78 78a 78 78 78 78 78 78 78 78 78 78 78 78 78	3,553,249. No leterit/heatien
Refund Direct deposit? See Instructions. Amount You Owe Third Party Designee Sign Here John return? See Instructions. Again the Party Designee Sign Here John return? For your records.	67 68 68 70 71 72 78 74 75 78 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Nontocable combat pay election	78 78a 78 78 78 78 78 78 78 78 78 78 78 78 78	3,553,249. No leterative state of the state
Refund Direct deposit? See instructions. Amount You Owe Third Party Designee Sign Here Joint return? See Instructions. Keep a copy for your neords. Paid Preparer	67 68 68 70 71 72 78 74 75 78 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Nontocable combat pay election 866 Additional child tax credit. Attach Schedule 8812 67 67 68 68 68 68 68 69 69 69	78 78a 78 78 78 78 78 78 78 78 78 78 78 78 78	3,553,249. No leterative state of the state

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SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information. Attach to Form 1040.

OMB No. 1545-0074

Caution: If you are claiming a net qualified disaster loss on Form 4684 see the instructions for line 28

Attachment Sequence No. 07 Your social security number

JOSEPH R	<u>. I</u>	BIDEN JR. & JILL T. BIDEN				
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	Enter amount from Form 1040, line 38	11.15	······································		1
Expenses						
	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You	5	State and local (check only one box):	T			
Paid	•	a X Income taxes, or SEE STATEMENT 13	5	722,	898.	
		b General sales taxes	\vdash			
		Real estate taxes (see instructions)	6	13	715.	
	6		7		7234	1
	7		1			
	8	Other taxes. List type and amount				
	_	Add to a Colombia	8		9	736,613.
Interest	9	Add lines 5 through 8	10	23	820.	750,015.
You Paid	10 11	Home mortgage interest and points reported to you on Form 1098 Home mortgage interest not reported to you on Form 1098. If paid to the person	10	23,	020.	i
Tou Paid	• •	from whom you bought the home, see instructions and show that person's name.				
		identifying no., and address				
Note: Your mortgage			11			-
interest	12	Points not reported to you on Form 1098. See instructions for special rules	-			-
deduction may	13	Mortgage insurance premiums (see instructions)				_
be limited (see instructions).	14	Investment interest. Attach Form 4952 if required. See instructions	14			
	15	Add lines 10 through 14			15	
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,013,	762.	
Charity	17	Other than by cash or check. If any gift of \$250 or more, see instructions.				STMT 14
If you made a		You must attach Form 8283 if over \$500	17			
gift and got a benefit for it.	18	Carryover from prior year	18			1
see instructions.	. 19	Add lines 16 through 18			19	1,013,762.
Casualty and	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684	and			
Theft Losses		enter the amount from line 18 of that form. See instructions			20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.				
and Certain		Attach Form 2106 or 2106-EZ if required. See instructions.				
Miscellaneous Deductions						
Deductions			21			
	22	Tax preparation fees	22			1
	23	Other expenses - investment, safe deposit box, etc. List type and amount	X4.77			1
			23			
	24	Add lines 21 through 23	_			1
	25	Enter amount from Form 1040, line 38 25				1
	26	Multiply line 25 by 2% (0.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other	28	Other - from list in instructions. List type and amount		***********		
Miscellaneous	20	ones from list in instructions. List type and amount p				
Deductions					28	
		le Form 1040, line 08, ever \$156,0000			20	
	29	Is Form 1040, line 38, over \$156,900?	1			
Total		No. Your deduction is not limited. Add the amounts in the far right column	- C	TMT 15	ء ا ء	1,452,670.
		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	1 5	أستق المتعم	29	2,332,070.
		Y I Van Varie displayed as many tracking the factor of the base from the original productions.				
Itemized		X Yes. Your deduction may be limited. See the Itemized Deductions				
		Worksheet in the instructions to figure the amount to enter.	J	_		
Itemized	30	Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard dec	Juctio	n, _ r		
Itemized		Worksheet in the instructions to figure the amount to enter.	ductio	> [A (Form 1040) 2017

SCHEDULE B (Form 1040A or 1040)

Interest and Ordinary Dividends

➤ Attach to Form 1040A or 1040.

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

JOSEPH R.	E	IDEN	JR. & JILL T. BIDEN				
Part I	1	List na	me of payer. If any interest is from a seller-financed mortgage and the buyer used the		Amo	ount	
Interest		proper	ty as a personal residence, see the instructions and list this interest first. Also, show that				
Interest		buver's	social security number and address				
			ACHUSETTS MUTUAL LIFE INSURANCE CO			- 2	23.
		MASS	ACHUSETTS MUTUAL LIFE INSURANCE CO				13.
			ACHUSETTS MUTUAL LIFE INSURANCE CO	l			37.
			ANK, NATIONAL ASSOCIATION			2:	18.
			ED STATES SENATE FEDERAL CREDIT UNION			1	15.
			FACTURERS AND TRADERS TRUST ASSOCIATION	▎╻┝		, 94	
			CASTLE COUNTY SCHOOL EMPLOYEES	I ' ├-		,,,,	4.
			K-1 - CELTICCAPRI CORP	l ⊢		Λ.	14.
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's			R-1 - CBBTCCATRT COM				
name as the payer and enter the total interest							
shown on that	2	Add th	e amounts on line 1	2	7	7,60	<u>59.</u>
form.			able interest on series EE and I U.S. savings bonds issued after 1989.				
	~		Form 8815	3			
	4	Subtra	ct line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4	-	7,60	59.
			4 is over \$1,500, you must complete Part III.	-	***************************************	ount	
Part II			rne of payer		7111	Ourit	
Ordinary	5	LIST HE	The of payer	l -			
Dividends							
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.				5			
	5		e amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6			
Part III			6 is over \$1,500, you must complete Part III.	- £'-	Т	Т	
ran iii			omplete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a toreign		Yes	No
Foreign			(c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.				
Foreign	/2	_	time during 2017, did you have a financial interest in or signature authority over a financial a	•	- 1	in Mysel	v
Accounts and			ank account, securities account, or brokerage account) located in a foreign country? See ins				X
			," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
Trusts			ort that financial interest or signature authority? See FinCEN Form 114 and its instructions fo	rilling			
			ments and exceptions to those requirements				
	b		are required to file FinCEN Form 114, enter the name of the foreign country where the financ	al accou	nt .		
		is loc	ted				
	8	_	2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	gn trust?		nadisi desira	
727501 10-25-17		If "Yes	," you may have to file Form 3520. See instructions				X
			1.0 4 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2017

Interest and Dividend Summary

Device		Interest on U.S.	Tax-Exempt	Private Activity	Original Issue	FEIN/SSN: Ordinary	Qualified	Capital Gain	Federal Income	State Tax	T Familia
Payer	Interest	Savings Bonds	Interest	Interest	Discount (OID)	Dividends	Dividends	Distributions	Tax Withheld	Withheld	Foreign Tax Paid
MASSACHUSETTS MUTUAL LIFE											
INSURANCE CO	23,										
MASSACHUSETTS MUTUAL LIFE											
INSURANCE CO	13.										
MASSACHUSETTS MUTUAL LIFE											
INSURANCE CO	37.										
PNCBANK, NATIONAL ASSOCIATION	218.								60.		
UNITED STATES SENATE FEDERAL											
CREDIT UNION	15.										
MANUFACTURERS AND TRADERS											
TRUST ASSOCIATION	6,945.										
NEW CASTLE COUNTY SCHOOL											
EMPLOYEES	4.										
FROM K-1 - CELTICCAPRI CORP	414.										
TOTALS	7,669.								60.		

SCHEDULE C-EZ (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

➤ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

Attach to Form 1040, 1040NR, or 1041. ➤ See instructions.

2017

Social security number (SSN) Name of proprietor JILL T. BIDEN Part | General Information Had no employees during the year. Had business expenses of \$5,000 or less, Use the cash method of accounting, Do not deduct expenses for business use You May Use of your home, Schedule C-EZ Did not have an inventory at any time during Instead of the year. Do not have prior year unallowed passive Schedule C activity losses from this business, and And You: Did not have a net loss from your business. Only If You: Are not required to file Form 4562. Had only one business as either a sole Depreciation and Amortization, for this proprietor, qualified joint venture, or business. See the instructions for Schedule statutory employee, C, line 13, to find out if you must file. Principal business or profession, including product or service B Enter business code (see inst) **▶** 711510 **AUTHOR** D Enter your EIN (see inst) Business name. If no separate business name, leave blank. JILL BIDEN Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. City, town or post office, state, and ZIP code WILMINGTON, DE Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) X No Yes No If "Yes," did you or will you file required Forms 1099? Part II Figure Your Net Profit Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that 862. form was checked, see Statutory employees in the instructions for Schedule C, line 1, and check here 116 2 0. Total expenses (see instructions). If more than \$5,000, you must use Schedule G Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2. (Statutory employees do not report this 862. amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3 Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2. When did you place your vehicle in service for business purposes? (month, day, year) / / . Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for: **b** Commuting **c** Other Business Was your vehicle available for personal use during off-duty hours? Do you (or your spouse) have another vehicle available for personal use? 7 8a Do you have evidence to support your deduction? Yes No If "Yes," is the evidence written? For Paperwork Reduction Act Notice, see the separate instructions for Schedule C (Form 1040). Schedule C-EZ (Form 1040) 2017

719191 10-25-17

Business Name:

JILL BIDEN				
	Description	Tax Year 2016	Tax Year 2017	Increase (Decrease)
INCOME				
GROSS INCOME		1,362.	862.	-500.
NET PROFIT OF	(Loss)	1,362.	862.	-500.
710638 04-01-17				

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ► Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleE for instructions and the latest information.

Supplemental Income and Loss

Name(s) shown on return

Your social security number

Part I		N JR. & JILL T. BIDEN						
		oss From Rental Real Estate and Roya	alties	Note: If you are in t	he business o	f renting per	sonal proper	ty, use
1 240 5 1		C-EZ (see instructions). If you are an individual, rep						
A Did		ents in 2017 that would require you to file Form(s)		······································				No
							Yes [No
		ch property (street, city, state, ZIP code)						
A	,	WILMINGTON, DE						
В								
С			,					
1b	Type of Property	2 For each rental real estate property listed				Fair Renta		QJV
	(from list below)	above, report the number of fair rental and personal use days. Check the QJV box				Days	Use Days	
A	1	only if you meet the requirements to file as			A	365		
В		a qualified joint venture. See instructions.			В			
С					С			
Type o	of Property:							
1 Singl	e Family Residence	3 Vacation/Short-Term Rental 5 Land		7 Self-Rental				
2 Multi	Family Residence	4 Commercial 6 Royaltie	s	8 Other (describe)				
Incom		Properties:		A	В		С	
3 R	ents received	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	19,800.				
4 R	oyalties received	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4					
Expen	ises:							
5 A	dvertising		5					
8 A	uto and travel (see i	structions)	6					
		ance	7					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9					
10 Le	egal and other profe	ssional fees	10					
11 M	lanagement fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11					
		d to banks, etc. (see instructions)	12	5,382				
13 O	ther interest	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13					
14 R	epairs	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14					
15 S	upplies	***************************************	15					
16 Ta	axes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16	3,099	•			
17 U	tilities		17					
18 D	epreciation expense	or depletion	18					
	ther (list) 🟲		19					
		nes 5 through 19	20	8,481.				
		ine 3 (rents) and/or 4 (royalties). If result is a		11 212				
•		to find out if you must file Form 6198	21	11,319	•			
		estate loss after limitation, if any, on			1			
	orm 8582 (see instru	* *************************************	22 (<u> </u>	,800.	71.17877 136874-13	-850 par 1 - 1 1 -
		* * * * * * * * * * * * * * * * * * * *		23a		, 000		
		, , , , , , , , , , , , , , , , , , , ,		23b		200		
		ported on line 12 for all properties				,382.		
		, , , , , , , , , , , , , , , , , , , ,		<u>23d</u>		,481.		
							11,3	₹1 Q
	_	amounts shown on line 21. Do not include any los) [mean entail lane		24	11,	,13.
		sses from line 21 and rental real estate losses from						
		te and royalty income or (loss). Combine lines 24 and royalty income or (loss). Combine lines 24				1 1		
		this amount in the total on line 41 on page 2				26	11,3	319.
		uction Act Notice, see the separate instructions			045450404045466	Schedule E		

721491 10-20-17

721501 10-20-17

Schedule E (Form 1040) 2017

Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, cpde V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)

Reconciliation for real estate professionals, if you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate

activities in which you materially participated under the passive activity loss rules

42

2017 Income from Passthroughs

CELTICCAPRI CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

CELTICCAPRI, CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

9,490,857.

TOTAL NONPASSIVE INCOME (LOSS)

9,490,857.

OTHER K-1 INFORMATION:

INTEREST INCOME
OTHER ITEMIZED DEDUCTIONS
INVESTMENT INCOME
NONDEDUCTIBLE EXPENSES
SE EARNINGS

414. 3,298.

414.

11,809.

145,833.

2017 Income from Passthroughs

GIACOPPA CORP

I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

GIACOPPA CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

557,882.

TOTAL NONPASSIVE INCOME (LOSS)

557,882.

2017 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST INCOME
OTHER ITEMIZED DEDUCTIONS
NONDEDUCTIBLE EXPENSES
SE EARNINGS

414.
3,298.
11,809.
145,833.

INVESTMENT INTEREST EXPENSE:

INVESTMENT INCOME 414.

728021 04-01-17

Property Name:

WILMINGTON, DE COTTAGE -Tax Year Tax Year Increase Description 2016 2017 (Decrease) INCOME -6,600. RENTS RECEIVED 26,400. 19,800. EXPENSES 674. 4,708. 5,382. MORTGAGE INTEREST 2,959. 3,099. 140. TAXES 7,667. 8,481. 814. SUBTOTAL 11,319. -7,414. 18,733. INCOME OR (LOSS)

Sche	dule SE (Form 1040) 201	7		Attachment Sequence N	o. 17	Page 2
Name	of person with self-emp	oloyment income (as shown on Form 1040 or Form	1040NR)	Social security number of		
	•			person with self-employme	ent	
JII	L T. BIDEN			income	>	
	tion B - Long Sche					
Par	t 🕼 Self-Employm	ent Tax				
Note	If your only income subj	ect to self-employment tax is church employee	income, see	e instructions. Also see instr	uctions	for the definition of
Churc	h employee income.					
A	If you are a minister, memore of other net earning	 mber of a religious order, or Christian Science p gs from self-employment, check here and conti	ractitioner ar nue with Parl	nd you filed Form 4361, but y	ou had	I \$400 or ▶□
1a		rom Schedule F, line 34, and farm partnerships kip lines 1a and 1b if you use the farm optional			1a	
b		curity retirement or disability benefits, enter the				
		ded on Schedule F, line 4b, or listed on Schedu			1b	
2		Schedule C, line 31; Schedule C-EZ, line 3; Sche				
		Schedule K-1 (Form 1065-B), box 9, code J1. I				
	orders, see instructions	for types of income to report on this line. See in	structions for	r other income to report.		060
	Note: Skip this line if yo	use the nonfarm optional method (see instruc	tions) SEE	STATEMENT 17	2	862.
3	Combine lines 1a, 1b, a				3	862.
4 a	If line 3 is more than zer	o, multiply line 3 by 92.35% (0.9235). Otherwise	e, enter amou	nt from line 3	4a	796.
	Note: If line 4a is less th	an \$400 due to Conservation Reserve Program	payments or	n line 1b, see instructions.		
b	If you elect one or both	of the optional methods, enter the total of lines	15 and 17 he	re	4b	
C		b. If less than \$400, stop; you don't owe self-en				706
	If less than \$400 and yo	ou had church employee income, enter -0- and	continue		4c	796.
5a	Enter your church emp	loyee income from Form W-2. See instructions				
	for definition of church	employee income	54	3		
b		5% (0.9235). If less than \$100, enter -0-			5b	
6	Add lines 4c and 5b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***********	6	796.
7	Maximum amount of co	mbined wages and self-employment earnings s	ubject to soci	ial security tax or		
	the 6.2% portion of the	7.65% railroad retirement (tier 1) tax for 2017			7	127,200.00
8 a	Total social security was	ges and tips (total of boxes 3 and 7 on Form(s)		_		
	W-2) and railroad retiren	nent (tier 1) compensation. If \$127,200 or more,	skip			
		d go to line 11		199,821.		
b	The state of the s	to social security tax (from Form 4137, line 10)		6		
C		security tax (from Form 8919, line 10)		c		
d		•			8d	
9	Subtract line 8d from lin	e 7. If zero or less, enter -0- here and on line 10	and go to line	e 11	9	
10		line 6 or line 9 by 12.4% (0.124)			10	
11		(0.029)			11	23.
12		Add lines 10 and 11. Enter here and on Form 10			12	23.
13	• •	f of self-employment tax.	,	•	A	
		(0.50). Enter the result here and on				
	Form 1040, line 27, or i	• •	1	3 12.		
Pai		hods To Figure Net Earnings (see instr				
Farm		may use this method only if (a) your gross farm		sn't more than \$7,800, or		
	our net farm profits ² wer			, ,		
14	Maximum income for or			***************************************	14	5,200.00
15	Enter the smaller of tw	o-thirds (2/3) of gross farm income ¹ (not less th	an zem) or \$	5.200. Also include		
.0		above			15	
Noni	arm Ontional Method	You may use this method only if (a) your net not	ofarm profits	were less than \$5,631	12:000	
		of your gross nonfarm income, and (b) you had				
		3 years. Caution: You may use this method no				
16	Subtract line 15 from lin				16	
17		ne 14	s than zero)	or the amount on	-	
**		s amount on line 4b above			17	
1.						orm 1085) hav 14 ands 4*
		-1 (Form 1065), box 14, code B.), line 31; Sch. C-EZ, line 3; Sch 1 (Form 1065-B), box 9, code J		Jim 1000), DOX 14, COUE A,
- Fro	iii 501. r, line 34, and 501. k ount vou would have entere	K-1 (Form 1065), box 14, code A - minus the d on line 1b had you not used the optional	⁴ From Sch. (, line 7; Sch. C-EZ, line 1; Sch.	K-1 (For	rm 1065), box 14, code C:
	thod.	,	and Sch. K-	1 (Form 1065-B), box 9, code J	2.	

724502 10-20-17

DOES NOT APPLY

Form 6251

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

► Go to www.irs.gov/Form6251 for instructions and the latest information.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017

Attachment Sequence No. 32

Your social security number Name(s) shown on Form 1040 or Form 1040NR JOSEPH R. BIDEN JR. & JILL T. BIDEN Part | Alternative Minimum Taxable Income 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the 9,578,639. amount from Form 104b, line 38, and go to line 7. (If less than zero, enter as a negative amount.) 1 2 Reserved for future use 736,613. 3 Taxes from Schedule A (Form 1040), line 9 3 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 4 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 -321,525. 6 If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions 6 7 Tax refund from Form 1040, line 10 or line 21 7 8 Investment interest expense (difference between regular tax and AMT) 9 Depletion (difference between regular tax and AMT) 10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 10 11 Alternative tax net operating loss deduction 12 Interest from specified private activity bonds exempt from the regular tax 12 13 Qualified small business stock, see instructions 13 14 Exercise of incentive stock options (excess of AMT income over regular tax income) 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 17 Disposition of property (difference between AMT and regular tax gain or loss) 17 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 18 19 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 18 19 20 Loss limitations (difference between AMT and regular tax income or loss) 20 21 Circulation costs (difference between regular tax and AMT) 22 Long-term contracts (difference between AMT and regular tax income) 23 Mining costs (difference between regular tax and AMT) 23 24 Research and experimental costs (difference between regular tax and AMT) 24 25 Income from certain in stallment sales before January 1, 1987 25 26 Intangible drilling costs preference 26 27 27 Other adjustments, including income-based related adjustments 28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is 9,993,727. more than \$249,450, see instructions.) Part II Alternative Minimum Tax (AMT) 29 Exemption, (If you were under age 24 at the end of 2017, see instructions.) IF your filing status is ... AND line 28 is not over... THEN enter on line 29... Single or head of household \$120,700 \$54,300 Married filing separately 0. 29 If line 28 is over the amount shown above for your filing status, see instructions. 9,993,727. 30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 31 ● If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line %; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. 2,794,488. 31 All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 26% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions) 32 2,794,488. 33 33 Tentative minimum tax. Subtract line 32 from line 31 34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions) 35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45 35

For Paperwork Reduction Act Notice, see your tax return instructions.

719481 01-11-18 LHA

Form 6251 (2017)

-	m 6251 (2017) JOSEPH R. BIDEN JR. & JILL T. BIDEN		Page 2
P	art III Tax Computation Using Maximum Capital Gains Rates		
	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksh	eet in t	the instructions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from		
	line 3 of the worksheet in the instructions for line 31	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If		
	you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount		
	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39	40	
	Subtract line 40 from line 36	41	
	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise,		
	multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	
43	Enter:		
	• \$75,900 if married filing jointly or qualifying widow(er),		
	• \$37,950 if single or married filing separately, or	43	
	• \$50,800 if head of household.		
AA	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
44	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you		
		44	
45	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	45	
	Subtract line 44 from line 43. If zero or less, enter -0-		
40	Enter the smaller of line 36 or line 37	46	
	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
	Subtract line 47 from line 46	48	
49	Enter:		
	\$418,400 if single \$235,350 if married filing separately		
	\$235,350 if married filing separately \$470,700 if married filing jointly or qualifying widow(er)	49	
	• \$444,550 if head of household		
	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions		
	for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ,		
	see instructions for the amount to enter	51	
	Add line 50 and line 51	52	
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	
54	Enter the smaller of line 48 or line 53	54	
	Multiply line 54 by 15% (0.15)	55	
56	Add lines 47 and 54	56	
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (0.20)	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
	Multiply line 60 by 25% (0.25)	61	
	Add lines 42, 55, 58, and 61	62	
63	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26).		
	Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter		
	this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	

Form **6251** (2017)

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT Social Security Number Name(s) JOSEPH R. BIDEN JR. & JILL T. BIDEN Adjustment Form Form 6251 Other Adjustment Description Income Name Form 6251, Line 19 Form 6251, Line 20 Form 6251, Line 17 Form 6251, Line 18 E- COTTAGE -WILMINGTON, 11,319. REGULAR INCOME 11,319. AMT NET INCOME

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

Attach to Form 1040, 1040NR, 1040-SS, or 1041.

► Go to www.irs.goy/ScheduleH for instructions and the latest information.

OMB No. 1545-1971

Social security number Name of employer **Employer identification number** JOSEPH R. BIDEN JR. & JILL T. BIDEN Calendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017. Did you pay any one household employee cash wages of \$2,000 or more in 2017? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.) X Yes. Skip lines B and C and go to line 1. No. Go to line B. Did you withhold federal income tax during 2017 for any household employee? Yes. Skip line C and go to line 7. No. Go to line C. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employees? (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.) No. Stop. Don't file this schedule. Yes. Skip lines 1-9 and go to line 10. Social Security, Medicare, and Federal Income Taxes Part I Total cash wages subject to social security tax 1,066. Social security tax. Multiply line 1 by 12.4% (0.124) Total cash wages subject to Medicare tax 3 Medicare tax. Multiply line 3 by 2.9% (0.029) 249. Total cash wages subject to Additional Medicare Tax withholding 5 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) Federal income tax withheld, if any 1,315. Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to all household employees? (Don't count cash wades paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.) \perp No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions. X Yes. Go to line 10.

710351 11-28-17

Schedule H (Form 1040) 2017

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

				IDEN JR. &	JILL	T. BIDEN							Page 2
Part I	Federa	l Un	employment (FUIA) lax								Tv.	No
en Diel.				to anh, and atata? If	uou noid oo	ntributions to a o	rodit raduction	ctato				Yes	No
	you pay unem instructions ar			to only one state? If							10	Х	
			*********	ibutions for 2017 by							11	X	
				tax also taxable for y							12	X	
Next: If	you checked t	the "\	es" box on all the	lines above, comple	ete Section A	1 .							
If	you checked t	the "I	io box on any of	the lines above, skip			tion B.						
					Section /								
13 Nam	ne of the state	wher	e you paid unemp	loyment contribution	ıs		DE						
44 0	adbustona a si					امدا							
				ment fund			RATE		15			7,0	00.
). Enter the result he					16				42.
10 101	A tax. Matep	, 11110	10.07 0.070 (0.000		Section I		II.10 20		1	L			
17 Corr	plete all colur	nns b	elow that apply (if	you need more space	ce, see instru	ictions):							
(a)	(b)		State evo	C) erience rate	(d)	(e)	(f)		(g		Ι.	(h)	
Name of	Taxable wages (defined in state a		pe	riod	State experience	Multiply col. (b) by 0.054	Multiply col. (d)	(D)	Subtract from co If zero o	i. (e).	P	ontributio	ate
state			From	То	rate				enter		u	employn fund	REIIL
		\dashv									-		
				1		L					T		
18 Tota	ıls							18					
				.,,.,,.									
				e the line 15 instruct					20				
									21				
22 Mult	iply line 20 by	5.4%	(0.054)		**************	[22]							

				tions late or you're in					23				
24 FUT	'A tax. Subtra	ct line	23 from line 21. E	nter the result here a	and go to lin	e 25			24				
			ehold Employ							•		***************************************	
25 Ente	r the amount	from	ine 8. If you check	ed the "Yes" box on	line C of pa	ge 1, enter -0			25			1,3	
					*******				26			1,3	57.
***************************************	you required t												
				line 26 above on For			lete Part IV be	low.					
Part I				IV. See instructions Complete this part of			7 inetructions						**************************************
	umber and street)	or P.O.	box if mail isn t delivered	to street address	iny ii roquii	50. O00 IIIO III IO E	r noddeddions.		Apt., re	oom, or su	ite no.		
City, town	or post office, state	e, and a	P code										
payment m	ade to a state une	mpioyn	hat I have examined this ent fund claimed as a cr	schedule, including accomedit was, or is to be, deduc	panying statem ated from the pay	ents, and to the best of rments to employees. C	my knowledge and Declaration of prepar	belief, it is rer (other th	true, cor an taxpa	rect, and o yer) is bas	complet sed on a). No par Il informa	t of any ition of
wnich prep	arer has any know	teage.											
Empl	oyer's signature						Date						
•		vne n	eparer's name	Preparer's	signature	Date	e 10	heck	☐ if	PTIN	***************************************	***************************************	
Paid		, po p	oparor o mario	T Topalor 5	Signaturo	July		elf- empl		, ,,,,			
Prepa	11 11 11 10 1	name	>	•				Firm's El					
Use C	Only									***************************************			
	Firm's	addre	ss 🟲					Phone n	Ο.				
	L												
710352 11	-28-17								Sche	dule H	(Forn	1040	2017

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.

► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2017

Name(s) shown on return

JOSEPH R. BIDEN JR. & JILL T. BIDEN

Your social security number

	t I Additional Medicare Tax on Medicare Wages	L		
	Medicare wages and tips from Form W-2, box 5. If you have	1	ija ka	
	more than one Form W-2, enter the total of the amounts			
		729,776		
	Trom box 5 Unreported tips from Form 4137, line 6 2	,		
	Wages from Form 8919, line 6			
	Add lines 1 through 3	729,776		
	Enter the following amount for your filing status:			
	Married filing jointly \$250,000	V (i		
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying widow(er) \$200,000	250,000	Surger S	
	0.14-45-56-56-56-56-56-56-56-56-56-56-56-56-56		6	479,776.
	Subtract line 5 from line 4. If zero or less, enter -0- Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here an		7	4,318.
	t II Additional Medicare Tax on Self-Employment Income	d go to Fait it		2,0200
	Self-employment income from Schedule SE (Form 1040),		0.200	
	Section A, line 4, or Section B, line 6. If you had a loss, enter			
	-0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	796		
	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying widow(er) \$200,000	250,000		
	Enter the amount from line 4	729,776		
14	Subtract line 10 from line 9. If zero or less, enter -0-			
	Subtract line 11 from line 8. If zero or less, enter -0-		12	796.
	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Ente		12	,,,,,
	haro and go to Port III	•	13	7.
	t III Additional Medicare Tax on Railroad Retirement Tax Act (RRT	A) Compensation	1 10	
	Railroad retirement (RRTA) compensation and tips from		Paris.	
	Form(s) W-2, box 14 (see instructions)			
	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying widow(er) \$200,00015			
	Subtract line 15 from line 14. If zero or less, enter -0-		16	
	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by	**************************		
	0.9% (0.009). Enter here and go to Part IV.		17	
Par	t IV Total Additional Medicare Tax		1 11	
	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR,		T	
	1040-PR, and 1040-SS filers, see instructions) and go to Part V		18	4,325.
Par	t V Withholding Reconciliation		1 14	
	Medicare tax withheld from Form W-2, box 6. If you have more than			
	one Form W-2, enter the total of the amounts from box 6	12,122		
	Enter the amount from line 1 20	729,776		
	Multiply line 20 by 1.45% (0.0145). This is your regular	-		
	Medicare tax withholding on Medicare wages 21	10,582		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax		1000	
	withholding on Medicare wages		22	1,540.
	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Forr			
	W-2, box 14 (see instructions)		23	
	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this	*****************************		
	amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR	}.		
	and 1040-SS filers, see instructions)		24	1,540.

723111 12-13-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8959 (2017)

Net Investment Income Tax - Individuals, Estates, and Trusts

tes, and Trusts 2017

Department of the Treasury Internal Revenue Service (99) ➤ Attach to your tax return.

➤ Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment Sequence No. 72

OMB No. 1545-2227

	(s) shown on your tax return EPH R. BIDEN JR. & JILL T. BIDEN	ocial security number or EIN				
	Investment Income Section 6013(a) election (see instructions)					
	Section 6013(h) election (see instructions)					
	Regulations section 1.1411-10(g) election (s	ee ins	structions)			
1	Taxable interest (see instructions)				1	7,669.
2	Ordinary dividends (see instructions)				2	
3	Annuities (see instructions)				3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,					
	etc. (see instructions)	4a	10,060,0	58.		
ь	Adjustment for net income or loss derived in the ordinary course of					
_	a non-section 1411 trade or business (see instructions) STATEMENT 19	4b	-10,048,7	39.		
c	Combine lines 4a and 4b			Î	4c	11,319.
5a	Net gain or loss from disposition of property (see instructions)	5a				
b	Net gain or loss from disposition of property that is not subject to					
-	net investment income tax (see instructions)	5b				
С	Adjustment from disposition of partnership interest or S corporation					
•	stock (see instructions)	5c				
d	Combine lines 5a through 5c				5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)				8	
7	Other modifications to investment income (see instructions)				7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7				8	18,988.
***************************************	Investment Expenses Allocable to Investment Income and	Mod	difications	******		
9a	Investment interest expenses (see instructions)	9a			The state of	
b	State, local, and foreign income tax (see instructions)	9b	4,1	85.		
c	Miscellaneous investment expenses (see instructions)	9c				
d	Add lines 9a, 9b, and 9c		<u> </u>		9d	4,185.
10	Additional modifications (see instructions)				10	
11	Total deductions and modifications. Add lines 9d and 10				11	4,185.
-	till Tax Computation		******************		**]	
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals comp	lete lir	nes 13-			
14	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-				12	14,803.
	Individuals:		***********			
13	Modified adjusted gross income (see instructions)	13	111.031.3	09.		
14	Threshold based on filing status (see instructions)			00.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	10.781.3	09.		
16	Enter the smaller of line 12 or line 15	10	1 , , .		16	14,803.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter her					
"	include on your tax return (see instructions)				17	563.
	Estates and Trusts:		***********************			
18a	Net investment income (line 12 above)	18a	I			
ь	Deductions for distributions of net investment income and	100				
_	deductions under section 642(c) (see instructions)	18b				
c	Undistributed net investment income, Subtract line 18b from 18a (see	100				
•	instructions). If zero or less, enter -0-	18c				
19a		19a				
b	Adjusted gross income (see instructions) Highest tax bracket for estates and trusts for the year (see					
		19b				
С	instructions) Subtract line 19b from line 19a. If zero or less, enter-0-	19C				
20	Enter the smaller of line 18c or line 19c		1		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). El			·····		
	and include on your tax return (see instructions)				21	
LHA	For Panarwark Reduction Act Nation and your tay return instructions	*******				Form 2020 (0017)

LITA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8960 (2017)

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet

Keep for Your Records

Par	tl-A	pplication of S	ection 67 to Ded	luctions Pro	perly A	llocable to inves	lment	Income		
1.	Enter	r the amount of M	iscellaneous Itemize	ed Deductions	properly					
	alloca	able to investmen	t income before any	itemized ded	uction lin	nitations				
	(Desc	cription and Form	8960 line number w	here they'll be	reporte	d):				
	•		Description		Lîne	Amount				
	(a)									
	(b)									
2.	Enter	r the total of all ite	ms listed in line 1		-		2.			
3.			Miscellaneous Item							
	appli	cation of the sect	ion 67 limitation (Scl	hedule A (Forn	n 1040),					
	line 2	27)					3.			
4.	Enter	r the lesser of the	total reported on lin	e 2 or line 3					4.	-
	. 11	A	0711		- 10 - D -					
rai	. 11 - /	Application of	Section 67 Limita	tion to Spec	cinc De	ductions				
								(B)		
								IF line 3 is less than		
								line 2, THEN divide		
								line 3 by line 2 AND		
								enter the amount in		
								column (B).		
								IF amounts reported		(C)
								on Part I, lines 2 and		Multiply the individual amounts
								4 are equal, THEN		in column (A) by the
				(A)				enter 1.00 in column		amount in column
		Reen	er the amounts and		from Par	t I, line 1.		(B).		(B).
			Description		Line	Amount				
	(a)_						X		=	
	(p)_						X		=	
		Individuals - 1 le	e the amounts in col	lumn (C) on De	ert III. line	1 to determine the	amour	t of these deductions th	at a	·····
T	IP		e application of the			, , w dotomino tric	annour.	. or triveo deddotions tr	at all	•
255		Estates or trust	s - Enter the amoun	its in column (C) in the	appropriate location	on line	s 9 and 10. Don't compl	ete l	Parts
		III or IV of this w			-,	mp apricate resolution	J., 11.10		U10/	THE THE

Lines 9 and 10 - Application of Itemized Deduction Limitations on Deductions Properly Allocable to Investment Income Worksheet continued

Keep for Your Records

Par	t III - Application of	Section 68 to deductions p	properly a	illocable to investm	ent	income (Individuals	Only)
1.	investment income from						
	-	Description	<u>Line</u>	Amount			
	(a)						
_	(b)			a nanad .			
2.		ate, local, and foreign income ta			^	4,185.	
		t income ther Itemized Deductions subje			2.	2,1031	
J.		to investment income before ar					
		and Form 8960 line number wh	-				
		Description	Line	Amount			•
	(a)			***************************************			
	(p)						
4.		ons properly allocable to invest			n 68	limitation. Enter	
		gh3		•			4. 4,185.
			*************			*******************************	
5.	Enter the amount of to	tal itemized deductions reporte	d on Form	1040	5.	1,452,670.	
		deductions allowed but not su					
	deduction limitation:		•				
	(a) Investment Inter-	st Expense					
		(other than losses described in					
	section 165(c)(1)						
	(c) Medical Expense	s					
	(d) Gambling Losses						
	(e) Total of lines 6(a)	through 6(d)			бе.		
7.	Subtract line 6e from li	ne 5			,	***************************************	7. 1,452,670.
8.	Enter the lesser of line	ne 5 7 or line 4					8. 4,185.
1.00	This is the amoun	nt of iternized deductions that a					
I		n limitations. Use Part IV of this					
	on Form 8960, lit						•
Par	t IV - Reconciliation	of Schedule A Deductions	to Form	8960, lines 9 and 1	0 (lı	ndividuals Only)	
						(B)	
						IF Part III, line 8 is less	
						than Part III, line 4,	(C)
						THEN divide line 8 by line 4 AND enter the	(C) Multiply the individual
						amount in column (B).	amounts in column
						IF the amounts	(A) by the amount in
						reported on Part III,	column (B). Enter
		(A)				lines 4 and 8 are	these amounts in the
	Reenter	(A) the amounts and descriptions f	rom Part III	lines 1 - 3		equal, THEN enter	appropriate location on lines 9 and 10.
Mie		eductions properly allocable t		, 11100 (0.		1.00 in column (B).	Of thes 9 and 10.
1	stment income:	sauctions property anocable t	.0				
11110		Description	Line	Amount			
4					Y		***
1.	(b)				Y		***
9	State local and fordi	gn income taxes	-	4.185.	Y	1.0000	4.185.
		ect to Section 68 included on			^	27000	
	Part III:	w soution of midiaged off	-1110				
3.					¥		=
	(b)				X		***
					~		

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

DELAWARE - TAXPAYER

Name JOS	ne(s) SEPH R. BIDEN JR.			Your soci	al s	ecurity number or EIN
Par	irt I Investment Income Section 6013(g) election			***************************************		
2111 +16	Regulations section 1.1411-10(g) ele	ection				
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)				1	3,977.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)				2	
3	Annuities from nonqualified plans				3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,			860	**	
	etc. (Form 1040, line 17; or Form 1041, line 5)	4a	9,496,5	17.		
b				Sec.		
	a non-section 1411 trade or business	4b	-9,490,8	357.		
c	Combine lines 4a and 4b			4	С	5,660.
5a	Net gain or loss from disposition of property from Form 1040,			89		
	combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	5a				
b	Net gain or loss from disposition of property that is not subject to					
	net investment income tax	5b				
C						
	stock	5c		d.	1.50	
d	Combine lines 5a through 5c		*******************	5	id	
6	Changes in investment income for certain CFCs and PFICs		*****************		В	
7	Other modifications to investment income		******************		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		************************	8	в	9,637.
Par	rt II State Income Tax Pro-ration for 2017 Income Tax Pa	yments				
9	State total income State income tax payments for 2017		*********************		9	10,192,553.
10					0	324,349.
11	2017 state income tax payments attributable to investment income, line 8 di			1	1	307.
	irt III State Income Tax Pro-ration for 2016 Estimate Paym	·····				
12	State estimate payments for 2016		**********	1	2	
13	Percent of state income taxes attributable to investment income for 2016				3	.041863
14	2016 state estimate payments attributable to investment income. Line 12 tir				4	
	Int IV State Income Tax Pro-ration for Balance of Prior Yea				т	
15	Balance of prior years tax plus extension payments paid in 2017				5	290.
16	Percent of state income taxes attributable to investment income for 2016			-	6	.041863
17	Balance of prior years tax and extension payments attributable to investmen	nt income. Lin	e 15 times line 16	1	7	12.
	rt V Reduction of State Tax Deduction					
18	Reduction of state tax deduction			1	8	.041863
19	Percent of state income taxes attributable to investment income for 2016				9	.041803
20 Dar	Reduction of state tax deduction attributable to investment income. Line 18			2	0	()
	Int VI Total State Income Tax Payments Attributable to Inv				. 1	319.
21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Pa	rt III, IINe 2 🔒		2	1	213,

Form 8960 (2017)

Net Investment Income Tax - Individuals, Estates, and Trusts

2017

DELAWARE - SPOUSE

Name JTT	v(s)	ur social s	ecurity number or EIN
	Investment Income Section 6013(g) election		
	Regulations section 1.1411-10(g) election		
1	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)	1	3,692.
2	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)		
3	Annuities from nonqualified plans		
4a	Rental real estate, revalties, partnerships, S corporations, trusts,		
	etc. (Form 1040, line 17; or Form 1041, line 5) 4a 563,54	1.	
b	Adjustment for net income or loss derived in the ordinary course of		
	a non-section 1411 trade or business 4b -557,88	2.	_
c	Combine lines 4a and 4b	4c	5,659.
5a	Net gain or loss from disposition of property from Form 1040,	SEACH	
	combine lines 13 and 14; or from Form 1041, combine lines 4 and 7		
b	Net gain or loss from disposition of property that is not subject to		
	net investment income tax5b		
c	Adjustment from disposition of partnership interest or S corporation		
	stock5c		
d	Combine lines 5a through 5c		
8	Changes in investment income for certain CFCs and PFICs		
7	Other modifications to investment income		<u></u>
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	9,351.
Pai	t II State Income Tax Pro-ration for 2017 Income Tax Payments		770 037
9	State total income	9	778,837.
10	State income tax payments for 2017 SEE STATEMENT 2	1 10	315,615.
11	2017 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10	11	3,789.
Par	t III State Income Tax Pro-ration for 2016 Estimate Payments Made in 2017		
12	State estimate payments for 2016		.080612
13	Percent of state income taxes attributable to investment income for 2016		.000012
14	2016 state estimate payments attributable to investment income. Line 12 times line 13	14	D_:4:_ 0047
	t IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Pa		958.
15	Balance of prior years tax plus extension payments paid in 2017		.080612
16	Percent of state income taxes attributable to investment income for 2016		77.
17	Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16	17	, , ,
	rt V Reduction of State Tax Deduction	40	
18	Reduction of state tax deduction	18	.080612
19	Percent of state income taxes attributable to investment income for 2016		/
20 Day	Reduction of state tax deduction attributable to investment income. Line 18 times line 19	20	1
21	Combine lines 11, 14, 17 and 20. Carry to Form 8960, Line 9 Worksheet, Part III, line 2	21	3,866.
~ 1	Combine into 11, [4, 17 and 20. Carry to Form 0500, Line 5 Workshoet, Fait In, into 2		-,

Form 8960 (2017)

Shared Responsibility Payment

721636 12-26-17

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A or Worksheet B if you are directed to them as you complete Steps 1 through 5.
 Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Complete the Shared Responsibility Payment Worksheer as directed by Steps 1 through 3 of Worksheets A and B.	
Step 1 All Filers	
1. Can someone claim you as a dependent?	
Yes. Stop. You don't owe a shared responsibility payment. Don't check the box on line 6a of Form 1040 or Form 1040A. If you file Form 1040EZ, check the box	x on line S
LX No. Continue to line 2 2. Did you, and everyone else in your tax household (see <i>Tax household</i> under <i>Definitions</i> , earlier) have qualifying health coverage	for every month of
2017*?	ior overy moner or
Yes. Stop. You don't owe a shared responsibility payment. Check the Full-year coverage box on Form 1040, line 51; Form 1040A, line 38; or Form 1040EZ, line	e 11
No. Continue to line 3	
"You can check the Full-year coverage box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person it care coverage for every month he or she was a member of your tax household.	ad qualifying health
3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any mont 2017?	h in
Yes. Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A	
L No. Continue to line 4 4. Did you, or anyone else in your tax household turn 18 during 2017?	
Yes. Go to Worksheet A	
No. Go to Step 2	
State Della de la constantina del constantina de la constantina del constantina de la constantina de l	
Step 2 Flat Dollar Amount	
1. Multiply \$695 by the number of people in your tax household who were at least 18 years old*	1
*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he	
or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was	
born.	
2. Multiply \$347.50 by the number of people in your tax household who were under age 18	2
3. Add lines 1 and 2	
4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3	4
Step 3 Household Income	
1. Enter the amount from Form 1040, line 38; Form 1040A, line 21; or Form 1040EZ, line 4	1
2. Did you receive any tax-exempt interest?	
Yes. Enter the amount from Form 1040, line 8b; Form 1040A, line 8b; or the amount entered in the space to the left of Form 1040EZ, line 2	2
No. Continue to line 3	
3. Did you attach Form 255\$ or Form 2555-EZ? Yes. Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18	9
No. Continue to line 4	<u> </u>
4. Did you claim any dependents?	
Yes. Continue to fine 5	
No. Stop. Add lines 1 through 3. This is your household income. Enter the result on Step 4, line 1	
5. Were any of the dependents you claimed required to file a return?	_
Yes, Complete questions 1 through 3 for each dependent with a filing requirement for whom you didn't attach Form 8814. Enter the total here	5
No. Add lines 1 th rough 3. This is your household income. Enter the result on Step 4, line 1	
6. Did you attach Form 881 4? Yes, Continue to line 7	
No. Stop. Add lines 1, 2, 3, and 5. This is your household income. Enter the result on Step 4, line 1	
7. Is Form 8814, line 4, more than \$1,050?	
Yes. Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5	7
No. Enter -O Continue to line 8	_
8. Add lines 1, 2, 3, 5, and 7. This is your household income. Enter the result on Step 4, line 1	8

Shared Responsibility Payment continued

Step 4 Percentage In 1. Enter your household indo	me from Step 3	1
i. Likoi your noosonoid moon		-
	if filing jointly) born before January 2, 1953?	
Yes. Skip question	3. Find your filing threshold on the Filing Thresholds for Most People chart and enter it both here	
and on line 4.		2
No. Go to question		
Forter the amount listed he	slow for your filing status.	3
• Single - \$10,400	NOT FOR HIRING STREETS.	
Head of household - \$1:	2 400	
Married filing jointly - \$2		
Married filing separately		
 Qualifying widow(er) -\$: 		
Enter the amount from line	92 or 3.	4
5. Subtract line 4 from line 1		5
5. Is the amount on line 5 zer		
Yes. Stop. You don't	owe a shared responsibility payment. Complete Form 8965 by checking the box on line 7.	
No. Continue to line		
	025). This is your percentage income amount	7
3. Were you required to comp		
	eet B. Then continue to Step 5	
·	unt from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete	
	heet. Then continue to Step 5.	
Step 5 National Aver	age Bronze Plan Premium	
 Were you required to comp 	plete Worksheet A?	
Yes. Continue to lin	ne 2	
No. Skip question 2	2; Go to question 3.	
2. Multiply \$272* by the num	ber on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility	
Payment Worksheet. Skip	question 3 and complete line 5 of the Shared Responsibility Payment Worksheet	2
\$272 is the 2017 national average	premium for a bronze level health plan available through the Marketplace for one Individual for one month.	
3. Enter on line 4 of the Share	ed Responsibility Payment Worksheet, the amount below that corresponds to the total number of	
people in your tax househousehousehousehousehousehousehouse	old. Then complete line 5 of the Shared Responsibility Payment Worksheet.	
• 1 person - \$3,264		
• 2 people - \$6,528		
• 3 people - \$9,792		
• 4 people - \$13,056		
• 5 or more people - \$16,	320	
Shared Responsibility	Payment Worksheet	
	referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If	
everyone in your tax househo	old had either minimum essential coverage or a coverage exemption for every month during	
2017, stop here. You don't ov	we a shared responsibility payment.	
Complete Step 1		
	int. (From Step 2, question 4 or Worksheet A, line 7)	
Complete Step 3		
	ome amount. (From Step 4, question 7 or Worksheet B, line 14)	
	or line 2 3	
Complete Step 5		
	ge Bronze Plan Premium (From Step 5, question 2 or 3)	
	B or line 4 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.	
	ponsibility payment 5	
121637 12-26-17		
300707 745960 5	26.6 4742 2017.06000 BIDEN JR., JOSEPH	54742
100701 14370U 3		J72 / 14 4

Department of the Treasury Internal Revenue Service (99)

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040 or Form 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

2017
Attachment

Identifying number Name(s) shown on return JOSEPH R. BIDEN JR. & JILL T. BIDEN Part 1 2017 Passive Activity Loss Caution; Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, 11,319 column (a)) **b** Activities with net loss (enter the amount from Worksheet 1. 1b column (b)) c Prior years' unallowed losses (enter the amount from Worksheet 10 1, column (c)) d Combine lines 1a, 1b, and 1c. 1d Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) c Add lines 2a and 2b 2c **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, 3a column (a)) b Activities with net loss (enter the amount from Worksheet 3. 3b column (b)) c Prior years' unallowed losses (enter the amount from Worksheet 3. column (c)) d Combine lines 3a, 3b, and 3c 3d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on 11,319. the forms and schedules normally used If line 4 is a loss and: Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Part II | Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5 Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see instructions 6 Enter modified adjusted gross income, but not less than zero (see instructions) 7 Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Part III | Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all humbers in Part III as positive amounts. See the example for Part II in the instructions. Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 12 Enter the loss from line 4 12 Reduce line 12 by the amount on line 10 13 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13... 14 Part IV Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total 15 Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return LHA 719761 10-13-17 For Paperwork Reduction Act Notice, see instructions. Form 8582 (2017)

Caution: The worksheets m										
Worksheet 1 - For Fo	rm 8582, Lines 1	a, 1b, and 1c (Se	ee instr	uctions.)						
		Curren	Prior years (c) Unallowed loss (line 1c)		Overall gain or loss					
Name of a	ctivity	(a) Net income (b) Net loss (line 1a) (line 1b)			(d) Gain		(e) Loss			
		SEE ATTAC	HED S	TATEM	ENT FO	R WOR	KSHEET	1		
Total. Enter on Form 8582 1b, and 1c	, lines 1a,	11,319.								
Worksheet 2 - For Fo	rm 8582, Lines 2:			ns.)						
Name of a	ctivity	(a) Current y deductions (li		unallo	(b) Prior y wed deducti		e 2b) (c		erali loss	
Total. Enter on Form 8582 and 2b								14,813		
Worksheet 3 - For Fo	rm 8582, Lines 3	a, 3b , and 3c (S	ee instr	uctions.)	r					
		Currer	nt year		Prior years Overall g			ıll gai	gain or loss	
Name of a	ctivity	(a) Net income (b) Net le (line 3a) (line 3			(c) Unallowed loss (line 3c)		(d) Gain		(e) Loss	
Total. Enter on Form 8582 3b, and 3c									_	
Worksheet 4 - Use tl	nis worksheet if a	T	own on	Form 8	582, line 1	0 or 14	(See instru	ction	ns.)	
Name of a	ctivity	Form or schedule and line number to be reported on (see instructions)		Loss	(b) Ra	tio	(c) Special allowance		(d) Subtract column (c) from column (a)	
Total		>								
Worksheet 5 - Alloca	ation of Unallowe			ons.)				Т		
Name of activity		Form or sch and line nur to be report (see instruct	mber ted on (a) L		Loss		(b) Ratio) Unallowed loss	
Total										
719762 10-13-17	***************************************					I		1	Form 8582 (201	

FORM 1040	PENSIONS AND ANNUITIE	SS	STATEMENT	2
OFFICE OF PENSIONS				
AMOUNT RECEIVED 'NONTAXABLE AMOUN' CAPITAL GAIN DIS		33,291. 169.		
			33,1	22.
OFFICE OF PERSONN	EL MANAGEMENT			
AMOUNT RECEIVED NONTAXABLE AMOUN CAPITAL GAIN DIS		21,839. 21,839.		
				0.
OFFICE OF PERSONN	EL MANAGEMENT			
AMOUNT RECEIVED ON NONTAXABLE AMOUNT CAPITAL GAIN DIS		186,764. 6,691.		
			180,0	73.
TOTAL INCLUDED I	N FORM 1040, LINE 16B	-	213,1	95.

FORM 104	10	SOCIAL S	ECURITY BENEFI	TS WORKSHE	ET	STATEMENT	3
CHECK ON	ILY ONE BO	 X:					
A. SIN	NGLE, HEAD	OF HOUSEHOLD,	OR QUALIFYING	WIDOW(ER)			
C. MAI	RRIED FILI		AND LIVED WITH	YOUR SPOU	SE		
		DURING 2017	AND LIVED APAR	TO WORK TO	R SDOTISE		
	R ALL OF 2		AND DIVED ATAL	II INOM 100	K BIOOBL		
			BOX 5 OF ALL				
	4S SSA-1099 4 1040, LI		. ALSO, ENTER	THIS AMOUN	T ON	41,0	81.
			XPAYER AMOUNT		32,859.	41,0	
		SI	OUSE AMOUNT		8,222.	20.5	. 4 1
		1 BY 50% (0.5	00) 10, LINE 7, 8B,	9a 10 mH	RII 1 <i>1</i>	20,5	41.
			ID SCHEDULE B,				
INCI	LUDE ANY A	MOUNTS FROM BO	X 5 OF FORMS S	SA-1099 OR	RRB-1099	11,002,8	32.
			CLUSIONS FROM FICOME FROM U.S.				
			BY BONA FIDE R				
PUEI	RTO RICO T	HAT YOU CLAIME				44 000	. = .
	LINES 2,		10, LINES 23 TH	IDOUGH T.TNE	3.2	11,023,3	373.
			S YOU ENTERED				
LIN	E NEXT TO	LINE 36					142.
		6 FROM LINE 5		D OD		11,016,9	931.
8. ENT		000 IF YOU CHE	ECKED BOX A OR ECKED BOX B, OF	D, OR			
		IF YOU CHE		•		32,0	00.
			S THAN THE AMO				
			R SOCIAL SECURI 1 1040, LINE 20				
			AND YOU LIVED A				
			SURE YOU ENTER		THE		
		WORD "BENEFITS RACT LINE 8 FE	S" ON LINE 20A.	•		10,984,9	121
		IF YOU CHECKE				10,904,3	, эт.
	\$12,000	IF YOU CHECKE	ED BOX B				
11 (1777)	\$-0-	IF YOU CHECK!		TEGG EN	ED 0	12,0	
		LLER OF LINE	9. IF ZERO OF	CLESS, ENT	ER -U-	10,972,9 12,0	
		F OF LINE 12	OR BINE 10				000.
		LLER OF LINE 2					000.
	TIPLY LINE LINES 14		35). IF LINE 11	IS ZERO,	ENTER -0-	9,326,9 9,332,9	
		1 BY 85% (.85	5)			34,9	
			HE SMALLER OF I		LINE 17	34,9	919.
~ A.	POO ENIEK	THIS AMOUNT OF	N FORM 1040, LI	ING AAR	:		

FORM 1040 STATE A	AND LOCAL INCOM	E TAX	REFUNDS	STATEMENT	4
	2016		2015	2014	
GROSS STATE/LOCAL INC TAX REFULESS: TAX PAID IN FOLLOWING YEAR		561.			
NET TAX REFUNDS VIRGINIA	-	561.			
TOTAL NET TAX REFUNDS		561.			

						=
FOR	M 1040	PERSONAL EXEMPT	ION WORKSHE	ET	STATEMENT	5
			· · · · · · · · · · · · · · · · · · ·			_
1.		ON FORM 1040, LINE 38, 3	MORE THAN T	HE AMOUNT SH	OWN ON LINE 4	
			AT ATTIMIDED OF	n mymwnmroxo	OT A TMED	
		LTIPLY \$4,050 BY THE TOT				
		1040, LINE 6D, AND ENTER	THE RESULT	ON LINE 42.		
•	YES. CONTINUE		T THE TOTAL	G GT 3 TWED		
2.		50 BY THE TOTAL NUMBER O	F EXEMPTION:	S CLAIMED	0 100	
_	ON FORM 1040,		• •	11 001 000	8,100	•
3.		UNT FROM FORM 1040, LINE				
4.		UNT FOR YOUR FILING STAT		313,800.		
	SINGLE		\$261,500			
		ING JOINTLY OR WIDOW(ER)				
		ING SEPARATELY				
	HEAD OF HOU	SEHOLD	\$287,650			
5.		4 FROM LINE 3. IF THE R				
	MORE THAN \$12	2,500 (\$61,250 IF MARRIE	D FILING			
	SEPARATELY),	STOP. ENTER -0- ON LINE	42	10,717,509.		
6.	DIVIDE LINE 5	BY \$2,500 (\$1,250 IF MA	RRIED			
	FILING SEPARA	TELY). IF THE RESULT IS	NOT A			
	WHOLE NUMBER,	INCREASE IT TO THE NEXT	HIGHER			
	WHOLE NUMBER	(FOR EXAMPLE, INCREASE 0	.0004			
	TO 1)	•				
7.	-	6 BY 2% (.02) AND ENTER	THE RESULT			
	AS A DECIMAL	• •				
8.	MULTIPLY LINE	2 BY LINE 7				
9.	SUBTRACT LINE	8 FROM LINE 2. TOTAL TO	FORM 1040,	LINE 42.		_

FORM 1040	TAXABLE STATE AND	LOCAL INCOME	TAX REFUNDS	STATEMENT	
		2016	2015	2014	
NET TAX REFUNDS F LOCAL INCOME TAX		561.			
	BENEFIT DUE TO AMT BENEFIT REDUCTION	561.			
L NET REFUNDS F	OR RECALCULATION				
2 TOTAL ITEMIZE BEFORE PHASE BEDUCTION NOT NET REFUNDS F	OUT SUBJ TO PHASEOUT	58,117.			
MULT LN 5 BY PRIOR YEAR AC	LINES 3 AND 4 APPL SEC. 68 PCT II HASEOUT THRESHOLD	58,117. 46,494. 396,456. 311,300.			
9 SUBTRACT LINE	E 8 FROM LINE 7 LESS, SKIP LINES	85,156.			
10 THROUGH 15 AMOUNT FROM I 10 MULT LN 9 BY 11 ALLOWABLE ITE (LINE 5 LESS LINE 6 OR LI	AND ENTER LINE 1 ON LINE 16) APPL SEC. 68 PCT EMIZED DEDUCTIONS THE LESSER OF	2,555. 55,562.			
13B PRIOR YR. ST	TEMIZED DEDUCTIONS O. DED. AVAILABLE LOWABLE ITEM. DED.	55,562. 15,100. 55,562.			
13A OR LINE 6 TAXABLE REFU					
17 ALLOWABLE PR	INE 15 OR LINE 1) IOR YR. ITEM. DED. ID. DED. AVAILABLE	55,562. 15,100.			
20 LESSER OF LIN	E 18 FROM LINE 17 NE 16 OR LINE 19 AXABLE INCOME	40,462.			
22 AMOUNT TO INC * IF LINE 21	CLUDE ON FORM 1040, IS -0- OR MORE, USE IS A NEGATIVE AMOUN	LINE 10 AMOUNT FROM			0
STATE AND LO	CAL INCOME TAX REFUN	IDS PRIOR TO 2	014		
TOTAL TO FOR	1 1040, LINE 10				0

FORM 1040	IRA	DISTRIBUTI	ONS		STATEM	MENT 7
NAME OF PAYER				ROSS RIBUTION	TAXABLE	E AMOUNT
WELLS FARGO CLEARING	G			961.		961.
TOTAL TO FORM 1040,	LINE 15			961.		961.
FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATE	MENT 8
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA M	MEDICARE TAX
S NORTHERN VIRGINIA COMMUNITY OFFICE THE CONTROLLER T TRUSTEES OF THE		14,037.	4,571.		6,189.	1,447.
UNIVERSITY OF PENNSYLVANIA T CELTICCAPRI CORP S GIACOPPA CORP T UNITED STATES SEN	371,159. 145,833. 100,000. TATE 12,963.	95,923. 31,170. 3,847.	30,067. 8,653.		7,886. 7,886. 6,200. 804.	2,115.
TOTALS	720,087.	144,977.	43,987.		28,965.	12,122.

FORI	M 1040 SE	LF-E	MPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET	STATEMENT 9
J	OSEPH R. BI	DEN	JR.	
CI	ELTICCAPRI	CORP		
1	NONSPECIFI	ED H	EALTH INSURANCE PAYMENTS	6,430.
2	NET PROFIT PLAN IS ES		M TRADE OR BUSINESS UNDER WHICH INSURANCE ISHED	145,833.
3			ET PROFITS AND EARNED INCOME. SKIP TO LINE 9	
4	DIVIDE LIN	IE 2	BY LINE 3	
5	DEDUCTIBLE	POR	TION OF SELF-EMPLOYMENT TAX	
6	LINE 4 TIM	ES I	INE 5	
7	LINE 2 MIN	បេន រ	INE 6	
8			SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABI SINESS NAMED ABOVE	LE
9	LINE 7 MIN	ឃន រ	INE 8. S CORPORATIONS ENTER WAGES RECEIVED	145,833.
10	FORM 2555, NAMED ABOV		E 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS	
11	LINE 9 MIN	ius i	INE 10	145,833.
12	SELF-EMPLO LINE 1 OR		HEALTH INSURANCE DEDUCTION. LESSER OF 11	6,430.

FORM 1040	EXCESS SOCIAL SECURITY TAX WORKSHEE	T STA	TEMENT	10
		TAXPAYER	SPOUS	E
THAN \$7,886.40 BE SHOWN IN BO TOTAL HERE	SECURITY TAX WITHHELD BUT NOT MORE FOR EACH EMPLOYER (THIS TAX SHOULD X 4 OF YOUR W-2 FORMS). ENTER THE	16,576.	12,3	89.
	E INSURANCE INCLUDED IN THE TOTAL ON			
3. ADD LINES 1 AN	D 2	16,576.	12,3	89.
4. SOCIAL SECURIT	Y TAX LIMIT	7,886.	7,8	86.
	4 FROM LINE 3. EXCESS SOCIAL SECURITY - N FORM 1040, LINE 71.	8,690.	4,5	03.
FORM 1040	FEDERAL INCOME TAX WITHHELD	STA	TEMENT	11
T S DESCRIPTION			AMOUNT	
	NATE L ASSOCIATION NS NEL MANAGEMENT FORM 1099-SSA		14,0 95,9 31,1 3,8 2,7 21,5 7,3 1,5	23. 70. 47. 60. 38. 39.
TOTAL TO FORM 1040	, LINE 64		178,1	98.
FORM 1040	OTHER TAXES	STA	TEMENT	12
DESCRIPTION			AMOUNT	
FROM FORM 8959 FROM FORM 8960			4,3	25. 63.
TOTAL TO FORM 1040	, LINE 62		4,8	88.

SCHEDULE A	STATE AND LOCAL INCO	ME TAXES	STATEMENT	13
DESCRIPTION			AMOUNT	
OFFICE OF PENSIONS			6	15.
FROM K-1 - CELTICCAPRI	CORP			98.
	UNITY OFFICE OF THE CON	FROLLER	4,5	
TRUSTEES OF THE UNIVER			30,0	
CELTICCAPRI CORP			8,6	53.
UNITED STATES SENATE			6	96.
DELAWARE PRIOR YEAR BA				
EXTENSION PAYMENTS -				90.
	ATE PAYMENTS - TAXPAYER		315,0	
CALIFORNIA FORM 592-B			43,7	50.
DELAWARE PRIOR YEAR BA			0	E 0
EXTENSION PAYMENTS -			315,0	58.
DELAWARE 4TH QTR ESTIM	ATE PAYMENTS - SPOUSE			
TOTAL TO SCHEDULE A, L	INE 5		722,8	98.
SCHEDULE A	CASH CONTRIBUTION	ONS	STATEMENT	14
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT	ı
CATHOLIC DIOCESE OF WI	LMINGTON	25,000.		
NORTHERN VIRGINIA COMM	UNITY			
COLLEGE EDUCATION FOUN	DATION,			
INC.		11,200.		
ST. JOSEPH ON THE BRAN		25,000.		
UNITED SERVICE ORGANIZ	ATIONS,	0.60		
INC.	221 011110011	862.		
WESTMINSTER PRESBYTERI WEST END NEIGHBORHOOD		1,600.		
INC.	HOUSE,	50,000.		
MOTORCYCLE RELIEF PROJ	· <mark>ፑ</mark> ርጥ	2,000.		
UNITED JEWISH FEDERATI		2,000		
CHICAGO		180,000.		
DELAWARE BOOTS ON THE	GROUND	10,000.		
BOYS AND GIRLS CLUBS O				
VIRGIN ISLANDS		5,000.		
SANDY HOOK PROMISE FOU	NDATION,			
INC.		5,000.		
DELAWARE ASSOCIATION C		100.		
KINGSWOOD COMMUNITY CE		160,000.		
DELAWARE CENTER FOR JU	STICE,	120 000		
INC.		120,000.		

AND	
2,000.	
100,000.	
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The state of the s	
	
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3,000.	
1 012 762	
5	1,013,762.
, ,	2,000. 100,000. 50,000. 25,000. 3,000. 15,000. 15,000. 50,000. 50,000. 50,000. 150,000. 1700. 1800. 1900.

SCHEDULE A	THEN THE DEDUCATIONS WORKSTON	
SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 15
9, 15, 19, 20 2. ENTER THE TOT	AL OF THE AMOUNTS FROM SCHEDULE A, LI , 27, AND 28. AL OF THE AMOUNTS FROM SCHEDULE A, LI LUS ANY GAMBLING AND CASUALTY OR THEF	1,774,195. NES 4,
	ED ON LINE 28 AND ANY QUALIFIED CONTR	
IF NO, YOUR D FROM LINE 1 A	ON LINE 2 LESS THAN THE AMOUNT ON LI EDUCTION IS NOT LIMITED. ENTER THE ABOVE ON SCHEDULE A, LINE 29.	NE 1? MOUNT
4. MULTIPLY LINE		1,774,195. ,419,356.
6. ENTER \$313,80 QUALIFYING WI	UNT FROM FORM 1040, LINE 38. 11 0 IF MARRIED FILING JOINTLY OR DOW(ER); \$287,650 IF HEAD OF 61,500 IF SINGLE; OR \$156,900	,031,309.
7. IS THE AMOUNT ON LINE 5? IF NO, YOUR D THE AMOUNT FR	LING SEPARATELY. ON LINE 6 LESS THAN THE AMOUNT EDUCTION IS NOT LIMITED. ENTER OM LINE 1 ABOVE ON SCHEDULE A,	313,800.
	ACT LINE 6 FROM LINE 5. 10 7 BY 3% (.03).	,717,509. 321,525.
	LLER OF LINE 4 OR LINE 8.	321,525.
	D DEDUCTIONS. SUBTRACT LINE 9 FROM LULT HERE AND ON SCHEDULE A, LINE 29.	INE 1. 1,452,670.
SCHEDULE C-EZ	GROSS RECEIPTS	STATEMENT 16
DESCRIPTION		AMOUNT
GROSS RECEIPTS		862.
TOTAL TO SCHEDULE	C-EZ, LINE 1	862.

SCHEDULE SE	NON-FARM INCOME	STATEMENT	17
DESCRIPTION		AMOUNT	
AUTHOR	•	8	62.
TOTAL TO SCHEDULE	SE, LINE 2	8	62.
FORM 6251	PASSIVE ACTIVITIES	STATEMENT	18
	NET INCOME (LOSS)		
NAME OF ACTIVITY	FORM AMT REGULAR	ADJUSTMEN	T
COTTAGE - WILMING	11,319. 11,319.		
TOTAL TO FORM 6251 FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT	19
	TRADE OR BUSINESS INCOME	PIÄIEMENI	
CELTICCAPRI, CORP GIACOPPA CORP		-9,490,8 -557,8	
AMOUNT TO FORM 896	0, LINE 4B	-10,048,7	39.
FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT	20
DELAWARE			
DESCRIPTION		AMOUNT	
CELTICCAPRI CORP UNITED STATES SENA 4TH QUARTER ESTIMA			53. 96. 00.
TOTAL TO STATE FOR	M 8960, LINE 10	324,3	

FORM 8960	STATE	INCOME	ТΑХ	PAYMENTS	СШУШЕМЕНШ	21
	21111	THEORIE		TATHENTO	STATEMENT	21
DELAWARE						
DESCRIPTION					AMOUNT	
OFFICE OF PENSIONS 4TH QUARTER ESTIMA	615. 315,000.					
TOTAL TO STATE FOR	RM 8960, LINE 10)			315,6	15.

FORM 8582	ACTIVE R	ENTAL OF	REAL E	STATE	E - WORKSHEI	ET 1 STA	rement 2	
	(CURRENT YEAR			RIOR YEAR JNALLOWED	OVERALL GAIN OR LOSS		
NAME OF ACTIVITY	NET II	NCOME	NET LOSS		LOSS	GAIN	LOSS	
COTTAGE -								
WILMINGTON, DE	11	,319.	() .		11,319.		
TOTALS	11	,319.	(-	11,319.		
	-						-	
FORM 8582	SUMMARY OF PASSIVE ACTIVITIES STATEMENT 2:							
R R E A NAME	FORM OR SCHEDULE	GAIN/LO	PRI(SS YEAR		NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS	
X COTTAGE -	SCH E							
WILMINGTON, DE		11,31	9.		11,319.			
TOTALS		11,31	9.		11,319.			
PRIOR YEAR CARRYOV	RS ALLOWE	ED DUE T	O CURREN	IT YE	EAR NET ACT	VITY INCOM	S	
TOTAL								